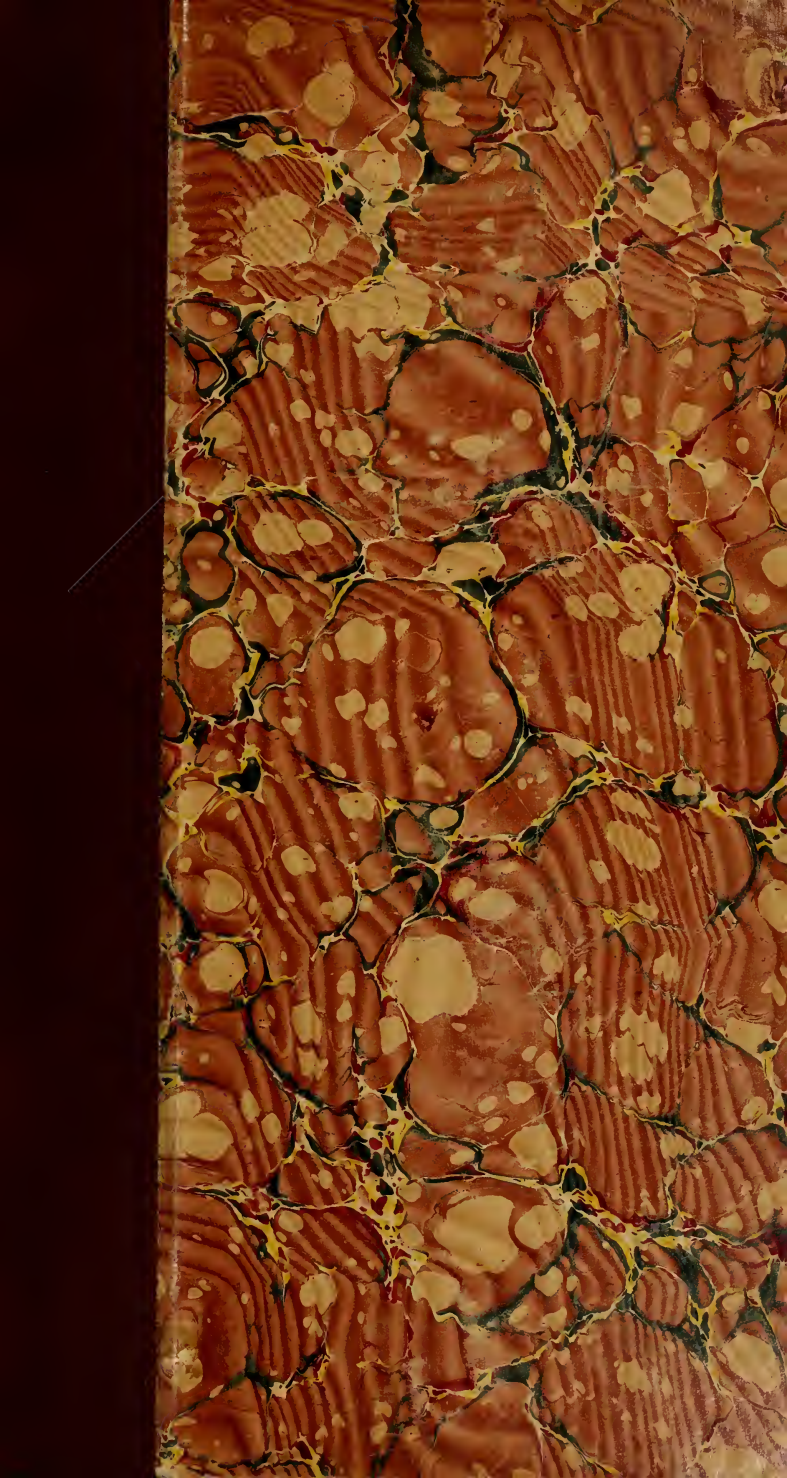




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The Charlotte Medical Journal

VOL. LXXV

CHARLOTTE, N. C., JANUARY, 1917.

No. 1

GALL BLADDER DISEASES.

By J. T. Burrus, High Point, N. C.

To more fully appreciate the gall bladder function, it is well for us to partially review the physiology of the liver; the liver plays an important part in the general nutrition of the body, it is made of lobules which form the lobes, all of which are uniform in character.

To understand the function of the liver we must bear in mind the relation of the portal vein, hepatic artery and bile ducts to the liver lobules. Each lobule is supplied with blood coming from the portal vein and the hepatic artery.

The blood from the portal vein contains the saluable products coming from the alimentary tract. The hepatic artery brings the arterIALIZED blood from the left ventricle. Therefore each lobule, is given its blood from the portal vein and hepatic artery; it also gives origin to bile capillairs which arise between the liver cells and carries off the bile formed.

The liver has two important physiological functions: (1) bile, formation, composition and significance; (2) matabolic changes in the mixed blood of the portal vein and hepatic artery, the formation of urea and glycogen and the significants of each.

Bile is two fold in function: (1) Excretant carrying off waste products; (2) secretant which plays an important part in the emulsification and absorpion of fats.

Bile is composed of: Bile pigment, bile acids, cholestorin, and lecithin.

The secretion of bile is a continuous process, it enters the deodenum in spirits. In the average normal person the liver secretes between twenty and thirty ounces a day. Most of this passes direct into the deodenum. The gall bladder receives only a small amount. When the gall bladder is stimulated it contracts, forcing some or all of its contents into the intestines, or back into the hepatic duct.

When bile is thrown into the ampula of vater it stimulates the pancreatic secretions. Bile emulsifies fats, stimulates peristalsis and prevents putrifaction in the intestines.

Glycogen, or (animal starch) and urea are secreted by the liver, each varying under different conditions of: food, body temperature and exercise. Each bearing its part and counter part in the hepatic mechanism.

The Gall Bladder, is a small egg-shaped organ situated in the gall bladder fissures and is capable of holding about one ounce of fluid, it has three coats: fibrous, muscular and mucous. The function of the gall bladder is unknown as it is found that people live as well without it, as with it. The cystic duct leading from the gall bladder, unites with the hepatic duct from the liver, the two terminating in the common bile duct, which is about $2\frac{1}{2}$ to $3\frac{1}{2}$ inches long and terminates in the deodenum at the ampula of vater, which pouch also receives the duct from the pancreas.

There are three portions of this duct; the larger and longer part which is directly in front of the foramen of winslow which forms its anterior boundary, the smaller or constricted portion, called the ascending part, and the pancreatic part which passes right along the head of the pancreas and ofttimes through the head of the pancreas.

The diseases of the gall bladder most commonly seen are chilecystitis in its various forms, pathologic concretions and malignancy. I am of the opinion that all diseases of the gall bladder of which we know anything about, start primarily from infection. Infection gaining entrance into the organ by either the portal circulation or by ascending infection from the intestines through the common duct to the gall bladder, producing a desquintation of epithelium, the bacteria, producing gall bladder diseases are usually the colon bacilli or the typhoid bacilli. With a pyongenice bacteria in the gall bladder it is easily seen that disquamated epithelium will be thrown off, which would very readily cause the cholesterine, lime salts, and bile pignant to adhere to it producing gall stones.

Gall stones vary in size from a very small grain of sand to a hen's egg. Gall stones are primarily formed in the gall bladder which migrate to the hepatic, cystic or common duct, sometimes into the stomach and intestines and occasionally are found outside of the intestines in the peritoneal cavity. Most cases are seen in persons over forty years of age and a large percent are seen in women who have borne children. A small percent of cases give a history of typhoid fever, people who lead a sedentary life, eat indiscriminately and are constipated are subject for gall stones.

Deaver's statement "fat, fair, and for-

ty," gall stones is more often true than false. It is said that one person in every ten have gall stones.

Symptoms of Gall Stones or Gall Bladder Diseases.

Indigestion is the first symptom complained of, eructations of gas and food burning in the stomach, pain under the shoulder blade, so called heart-burn, all of which is relieved by vomiting.

Pain.

In epigastric region radiating to back, tenderness over gall bladder. If pressure is made over gall bladder and the patient is asked to get a deep breath the liver is forced down which forces the gall bladder against the examining finger and produces a colic like catch in the epigastrium.

Colic, may or may not exist, if it does it is due to the passing of a stone through the ducts and if you have colic it is usually associated with nausea and vomiting.

Jaundice, so long thought to be the symptom on which to rely to make diagnosis of gall stones may or may not exist, their is about one case in seven that is jaundiced so this is a symptom upon which one can not depend.

Murphy says: "Most cases of gall stones are not jaundice neither is most cases of jaundice gall stones." Temperature is an important symptom, it varies according to the degree of infection. It is marked by its rapid rise and abrupt termination.

Moynihan speaks of the temperature in gall bladder diseases, "as a steeple chart." A very sudden and high elevation of temperature, with an abrupt termination should lead us to think of the gall bladder.

Palpation. We may or may not be able to palpate a tumor. If so we are more assured of the diagnosis, if not it does not mean that we haven't gall stones. In the majority of my cases I have been unable to palpate a tumor. Boaz sign does not always exist and in my experience I have been unable to rely upon it.

"The greater percent of gall stone cases have been treated for indigestion."

RATS.

By M. G. Perrow, Ph. D., Health Officer,
Lynchburg, Va.

The rat typifies strikingly how public economy is served by advancement of the public health, for the rat is as great an economic burden as he is a public health nuisance. The upkeep of the rat has been estimated by statisticians as being in America one half cent per day or

\$1.83 per year and the number equal to the number of persons. This would give in the United States an annual sum of \$170,000,000, in the State of Virginia \$3,800,000, and in Lynchburg \$58,560,000. The saving of the last sum to this city would make easier the solution of the tax problem imposed upon us by the recent legislature and would enable us to perfect our water system without prolonged delay. Reports from Southwest Virginia show that several counties in that section are suffering heavily from rat depredations. It is stated that rats on many farms are destroying 10 per cent. of the crops, more than enough to pay taxes. In addition, young chickens and other fowls have been destroyed by the thousand.

The rat is omnivorous, both plant and animal food look alike to him. He eats grain when newly planted and when in the shock, stack, granary, stable, store, warehouse, mill or elevator. He attacks furs, leather, dry goods of all kinds, fruits, vegetables, meats, and the eggs and young both of domestic fowls and of wild birds and destroys by pollution ten times as much as he eats. He spreads fires, gnaws lead water pipes, damages embankments, foundations, walls, floors and furniture.

From the health viewpoint the rat is a constant and impending menace. Rats are primarily responsible for the spread of plague and trichinosis. They harbor eleven species of internal parasites, including certain tapeworms. It is possible also for them to spread typhoid fever and dysentery by escaping from sewers and running over foodstuffs. They may distribute the germs of tuberculosis, diphtheria, scarlet fever, and possibly infantile paralysis by getting their feet or mouths contaminated and then smearing the virus over edibles or other articles. Rats also suffer from a type of leprosy and cancer but it is doubtful if either of these last is communicable to man. "Rat-bite fever" is a disease that at times follows the bite of a rat. It is caused by a definite germ, *Streptothrix muris ratti* and is often fatal.

Bubonic plague, the dread disease which has at times more than decimated the population of the world is now, as is well known, definitely traced to rats. The rat is both an acute and a chronic carrier of plague and contracts the disease from his fellows sometimes by contaminated feces but most frequently through fleas. The flea, not the common human flea but the rat flea, bites an infected rat and then transfers the germ to another rat by biting him. The flea is the chief means

*Read before the SpheX Club, Lynchburg, Va.

of spread from the rat to the human being. A fight against the plague then must be a fight against the rat.

Trichinosis in man is contracted by eating infected and half cooked pork. The hog gets the infection by eating rats or offal contaminated by rats. Trichinosis is a very dangerous malady. At present our only protection against it is thorough cooking. Federal meat inspectors do not examine for it, and "government inspected" pork is therefore as likely to have the trichina as any uninspected meat. Thorough cooking is a complete protection, it must however always be thorough.

But the dangers and losses from rats are generally known and the object of this paper is not to restate them so much as to suggest methods of repression. There are four kinds of rats at present found in America, the mouse, the black rat, the roof rat and the brown rat. The brown rat owing to his great strength and ferocity has almost driven out his weaker brothers, the black and the roof rat. The mouse has saved itself by being able to escape into holes too small to be penetrated by the larger animal. Other names for the brown species are Norway, sewer, wharf, and migratory. The females of the brown rat breed three or four times each year with 6 to 20 in a litter. Females will breed when only four or five months old. Brown rats are able to adapt themselves to almost any condition. They have their homes in stores, walls, all kinds of buildings, wharves, river banks, hedge rows, and open fields. They are extraordinarily cunning, always on the alert, and are continuously learning. Methods of warfare against them must therefore be thorough and systematic. Brown rats are also migratory. They oftentimes in great armies leave one section for another. The reason seems to be largely one of food supply. Campaigns of extermination have resulted in little permanent good. Millions of rats were killed in India, Japan, San Francisco, and other places during plague activities with no appreciable reduction in number a few months after the campaigns had ended. The methods of warfare therefore must not be spasmodic or temporary, but must be based on lasting foundations.

The methods of repression may be indicated under the heads of (1) rat proofing buildings, (2) keeping food from rats, (3) natural enemies, (4) traps, (5) poisons, (6) domestic animals, (7) shooting, (8) fumigation, (9) bacterial viruses.

Rat Proofing Buildings.—This is the most effective of all the measures and should be not only a municipal but a

State regulation. Rats can gain entrance to a properly constructed concrete building only through neglect. The advantages of concrete are becoming more and more recognized every day and its use is extended to all kinds of buildings. Dairies, stables, granaries, chicken houses, slaughter houses, stores, dwellings, and sidewalks are often made entirely of concrete, but an entirely concrete structure is not always of course desirable, and any house can by judicious use of concrete be made rat proof. Basement windows should be screened by 12 gauze and doors provided with self-closing springs. Old buildings can be made rat proof as well as new ones. While it is desirable to rat proof all buildings, those in cities where foods are handled or stored should be made rat proof by law. An example of a spot in Lynchburg once infested with rats and now wholly freed from them by a properly constructed building is the City Market. Every house in this or any other city can likewise be cleared of rats by adopting similar methods of construction.

Keeping Food From Rats.—Well fed rats mature quickly, breed often and have large litters. Of course the reverse is true, poorly fed rats breed seldom and have small litters. Scarcity of food also helps other repressive measures. Rat proofing of buildings is the most important step in preventing access to foods, but garbage of all kinds should be kept in metal covered cans and burned. Factories, stores and public buildings should be especially guarded against remnants of lunches. Rats do not gnaw plain surfaces of hard materials, but attack the angles only. The angles therefore of wooden doors and boxes should be shielded by metal strips.

Natural Enemies. Among the natural enemies of rats are the larger hawks and owls, foxes, minks, dogs, cats, and ferrets. According to Mr. David E. Lantz, of the Biological Survey, the greatest factor in the increase of rats and mice has been the persistent killing of birds and mammals that prey on them. Rats actually destroy more poultry and game, both eggs and birds, than all the hawks, owls and wild mammals combined. An enlightened public sentiment should cause the repeal of bounties on these animals.

Traps.—There are various kinds of traps which need not be described here. One of the best is the old fashioned wire cage trap. The method of setting and managing the trap is more important than the special kind. It requires much ingenuity to be successful with traps.

Rats are wary and avoid man smell. It is needless to set a trap amidst an abundance of food. Only the scarcity of food will induce a rat to enter a trap however attractive the bait.

Poisons.—Poisons are one of the best and quickest ways to get rid of rats, but the odor from dead animals often causes a nuisance. Among the poisons used are barium carbonate, strychnine, arsenic, and phosphorous. Barium carbonate is probably the cheapest and most effective. It has no taste or smell, and in the small quantities necessary for rats and mice, is hardly dangerous for domestic animals, with the possible exception of chickens. The action is slow and the rat will usually leave the premises in search of water. Barium carbonate may be fed in the form of dough, either corn or oatmeal or flour, or spread upon fish, moistened toasted bread, or bread and butter. About a teaspoonful of the bait at a place is sufficient.

Domestic Animals.—A well trained terrier will keep a farm or house reasonably free of rats. Cats, though valuable as mousers, are usually too well fed to attack so formidable an animal as the rat. Ferrets are useful to bolt the rats in an infested building, but for actual killing of the rats, dogs are needed.

Shooting.—Many rats in a badly infested building are often shot on successive nights. They will then usually leave for other more desirable quarters. Shooting has little if any effect on the reduction of rats for the entire community.

Fumigation.—Rats may be easily killed in any closed structure by means of sulphur dioxide, carbon bisulphid, hydrocyanic gas, or carbon monoxid. The last two gases are very poisonous and therefore dangerous in the hands of any but an expert. Sulphur dioxide will, however, absolutely destroy all rats in cellars, stables, sewers, and other closed places. Three pounds of sulphur should be burned to 1,000 cubic feet of space and the exposure should last at least 5 hours. Carbon bisulphid is best for destroying the animals in burrows.

Bacterial Viruses.—Rats with the exception of plague are notoriously resistant to bacterial infection. Even plague often fails to reduce their number for any great length of time. The bacterial viruses devised for the destruction of rats have signally failed. Nothing therefore may be expected from this once hopeful method of attack.

To Recapitulate.—Rats are a decided menace to the public health and the cause of an enormous economic loss. Their extermination is probably impossi-

ble, but a great reduction in their numbers is both practicable and simple. This reduction can be secured by the systematic rat proofing of buildings and by screening food supplies.

A PLEA FOR AN EARLIER DIAGNOSIS OF PULMONARY TUBERCULOSIS BY THE GENERAL PRACTITIONER.*

By J. Howell Way, M. D., Waynesville, N. C.,
President North Carolina State Board of
Health, Ex-President Tri-State Medical
Association, Ex-President Medical
Society of the State of North
Carolina, Etc., Etc.

Recalling that of all deaths in human beings between the ages of 20 and 40 years, 1 in every three is due to tuberculosis, and that considerably in excess of 10 per cent. of all deaths are due to the tubercle bacillus, the question may be pertinent, are the masses of the profession making the desired advance in earlier diagnosing the disease?

The man of medicine is to an extent very like other men in that he usually finds what he seeks. He of the surgical intent, with an ever possible focal infection in mind more readily recognizes when in the presence of a surgical opportunity. Likewise, the physician well versed in the early diagnosis of pulmonary tuberculosis will certainly more readily arrive at a recognition of the disease than he who persists in waiting for well pronounced signs manifest in the chest ere allowing himself to diagnose the disease.

Most of our profession merely follow their leaders; some at close range, others more distantly, and only the select few dare really think for themselves. The spirit of progress pervades every department of human activity, and in none more than in medicine. Surgery is rapidly progressing to the goal of a positive science. The votaries of internal medicine are equally earnest in desiring to remove the last vestige of empiricism from its practice. Older theories are laid aside, and the intent of the hour is to accept only the proven. No one is sufficiently wise to foretell the future range of medical activity, and notably in the newer fields of promoting the public health by governmental methods.

Tuberculosis is seen by every worker in medicine and surgery. Its nature, causes, prevalence, et cetera, are things we all agree about. The one thing above

*Read before the twenty-first annual meeting of the Seaboard Medical Association, Washington, N. C., December 19-21, 1916.

all just now stressed, is the earlier diagnosis, and there can be but universal agreement that the graver responsibility in this lies at the door of the average practitioner, and to him all, the patient seeking relief, the family desiring prophylaxis, the State wishing to have preventive medicine practiced, look for better things than have been given in the past. If advances are really to be made, it must be with the general practitioner earlier recognizing cases of pulmonary tuberculosis, and exercising the leadership he is vested with.

Every effort should be made by the leaders of our profession, the medical teaching faculties of the various schools throughout the land, the sundry organizations of our guild, and the sanitary and hygienic machinery of the Federal and State Governments, to improve the facilities, and to extend the knowledge of the average physician to the vital end that he may excel in his efficiency in the earlier diagnosing of this most dreaded destroyer of civilized man.

Too often I fear, there is manifested a tendency in many of the contributions to current medical literature, as well as in the numerous excellent monographs from time to time appearing, products of the fertile brains and facile pens of our eminent and other specialists; to assume that it is not expected of the average practicing physician that he shall be able to readily make an early diagnosis of pulmonary tuberculosis, hence the majority of us possibly, have grown to entertain the same mental attitude as regards this important problem, that we have in the past with reference to the early diagnosis of cancer. The so-called "classical symptoms," as commonly taught, (and the signs also), of both cancer and tuberculosis, have been those, not of the earliest periods of the diseases, but rather the secondary symptoms with associated signs, which translated in the light of modern pathology, indicate rapidly hastening vital decay of the affected individual and ordinarily presage the announcing of his impending doom.

The surgeons with characteristic vigor, have instituted a campaign of education that is rapidly reaching all classes of both physicians and laity, and they are already beginning to reap their material rewards in earlier and increased operative procedures for cancer and cancerous diseases, thereby helping humanity and the surgeons also. With equal earnestness of purpose, I am satisfied the leaders of internal medicine desire intelligent advances in knowledge which will secure earlier diagnosis in pulmonary tuberculo-

sis, and are willing to urge upon the average practitioner the seriousness of his responsibility and to aid in every possible way a realization of the needed earlier recognition of tuberculosis.

Correlating most critically the case-history, symptomatology, and whatever physical signs may be existent in the individual patient, we should be enabled to pronounce at least a presumptive diagnosis with the minimum of developed physical signs and without definitely finding the tubercle bacilli in the sputum. Symptoms in connection with known exposure in early life should enable the average practitioner to make his diagnosis fairly complete, remembering that "Absence of proof, is not proof of absence." We dare not wait for the proven presence of bacilli. Open tuberculosis, is rarely or never, early tuberculosis, and early tuberculosis all recognize as the type of the disease alike presenting most reasonable hope of arrest, and of preventing infection of others. Certainly if public health propositions as related to tuberculosis are to ever really be of much practical utility, case-history, symptom diagnosis, with earlier diagnosis must be popularized with the average physician. Public health propaganda may also afford valued aid in this movement in popularizing the idea that the family physician, if a capable medical man, should be most able to make an early diagnosis of the disease. In this connection, it may not be amiss to suggest the continued use, (rather mis-use) of the term "incipient tuberculosis," as applied to pulmonary tuberculosis in adults, should rapidly become obsolete, it having scant, if any justification as applied to the disease occurring in adults. On casual view, doubtless, this statement may to some, appear revolutionary, yet without doubt, when the profession at large generally appreciates that tuberculosis obtains its initial footing in the immense majority of all cases, in very early infancy or childhood, and when its pathology and the methods by which it is spread are more thoroughly understood, the term "incipient" will be denied the prominent place it has occupied in medical literature. We shall then as a profession, generally recognize that true incipency in pulmonary tuberculosis is as demonstrable by manifest lung lesions is not physically demonstrable by discernible changes in lung tissue.

In infancy or early childhood, tubercle bacilli, gaining entrance prior to the building up of the body tissues of specific resistances, may and do, find location in almost any and every tissue of the body for the simple reason that at this time

there is apparently no selective affinity of tissue for the tubercle bacillus. With this condition we have the incidence of tubercular lodgment in the brain coverings, in bones, joints, in peritoneum and intestinal glands as well as in other body tissues. In early life the lymphatic glands, on account of the antibacillary action of the contained lymph, it is supposed, are prone to restrain the development of the pronounced symptoms of tubercular disease we see exhibited so often in the familiar forms of chronic tubercular infections of the superficial cervical glands in children. Yet even at a very early age such infections of tuberculosis have taken place in possibly the majority of children, cell sensitization occurs, and the partial immunity enjoyed by mankind in general, is produced. Such cell sensitization was proven by Koch's inoculation experiment, and accounts for the tubercular skin reaction, in large degree, obtained as a rule, in older children and adults.

The time and manner of tubercular infection becoming clinically demonstrable is one of much interest. In early life bacilli escaping from the lymph glands undoubtedly do find lodgment in any tissue of the body, it is well known that in maturer years there exists in pulmonary tissue a selective affinity. Whether the lymph stream or the blood current is the source of the metastasis does not specifically concern us. The early metastases may escape observation on account of the bacilli being few, their virulence being inhibited by the anti-bacterial elements already formed in the blood, plus the specific resistance set up by sensitized cells. In this way many such infections are healed without clinical recognition, as is evidenced by the known frequency of healed tubercular lesions noted post-mortem.

When on account of temporarily lowered tissue resistance from any cause, or in the introduction of excessive numbers of bacilli from without as happens in prolonged and continuous ingestion in house contact with infective sources, bacilli which have been closed in these primary metastases begin to multiply, secondary metastases and new foci form, toxins are developed and given off with the resultant changes in the adjacent body tissues, a degree of collateral inflammation is set up with its consequent necrosis and the clinical features of tuberculosis are in evidence. Thus it is seen that clinically demonstrable tuberculosis has for its pathology far advanced changes in the body tissue. But even here it is well to remember physical signs of the disease may

not be pronounced, or so slight as to be overlooked.

Without presuming for one moment to decry or minimize the true value of careful study of the chest sounds in the early recognition of tuberculosis, it is manifest that we shall not make the desired advance in the early recognition of pulmonary tuberculosis, until the (at this stage) relatively greater important consideration of the symptoms is more generally appreciated. Careful chest examinations are absolutely indispensable in the diagnosis of disease in general as well as in pulmonary tuberculosis, and their making in the examination of all patients should be desired as a routine procedure on the part of every physician, but I insist that there can be no intelligent hope of the earlier diagnosis of the disease until relatively greater diagnostic value is accorded symptoms. The emphasis properly placed on chest examinations in all chronic disease, while not to be discounted or revised, for medical men are constantly growing more critically careful, and properly so, has been in large part responsible for this disposition to neglect proper valuation being placed on the symptoms.

Unquestionably, given an early history with prolonged contact, and definite symptoms of constitutional and focal character, a provisional diagnosis of tuberculosis is justifiable in my opinion in the absence of definite local chest signs. This does not mean the patient should be frightened with grave suggestion of imminent danger to life, but it does mean he should be fully advised of his disease probabilities, and his methods of living, occupation, *et cetera*, adjusted to conform to hygienic living under intelligent medical supervision.

Frequent and protracted catarrhs of any portion of the respiratory tract, cough persistent from childhood, no matter how trivial the degree, have as a rule, for their pathological basis, a tubercular origin, and in the absence of known causes existent in the upper air passages, the diagnosis of tuberculosis must in all such cases be given serious consideration. Of late years the prevalence to an unwarranted degree of the phthisiophobic craze has seriously militated against securing correct clinical data with regard to early house exposures, and the frequency with which patients, sometimes ignorantly, sometimes wilfully, deceive us in regard to past house contact exposures in the early years of life, and equally so with reference to cough, affords an interesting phase of the psychology of such patients.

Much evasion is observed in securing case histories as regards the illnesses of

deceased members of their families who were manifestly tubercular. Oft times chronic bronchitis or asthma, especially in the aged are but coverings of tubercular foci. Not infrequently patients advise you an X-ray examination has proven an absence of tubercular lung disease. There are no short cuts to diagnosis in tubercular disease, especially in securing early diagnosis. One of my chief regrets is that an X-ray picture will not afford a marked degree of diagnostic information in early tuberculosis of the lungs. As an aid to diagnosis tending to confirm what symptoms and signs have demonstrated already in fairly developed cases of the disease, the roentgenogram unqualifiedly has a place of value, but I fear there exists a tendency to at times overestimate (especially to the laity) the true value of the X-ray in the early diagnosis of tuberculosis of the lungs. As with the development of the modern laboratory, it became quite the fashion to too often accept the laboratory findings as the basis for a diagnosis, with a minimizing of the history and symptoms, so there just now appears to be a disposition in some quarters to pay too great respect to the radiographer to the neglect of the case history and symptoms. As a consequential effect it is feared the diagnostic skill of medical men will suffer if too great dependence is placed on radiographic or other findings to the avoidance of that intimate degree of personal investigation of the patient himself, so impressive a feature of the equipment of the great clinicians of the past. The X-ray picture is spectacular, appeals strongly to the patient and his friends in presenting something tangible to the eye in the place of information derived largely from analysis and deductions, and unquestionably is a valuable psychic adjunct in the management of patients under observation, particularly for long periods. Again the X-ray avoids, to some extent with some practitioners, the time-taking and repeated examinations, so often a tax on a busy physician, but I believe it may be insisted that while the X-ray findings are of value in revealing abnormal shadings about the root of the lung (if normal shadowing here be carefully eliminated) it can be of but a very limited assistance in the detection of the early pulmonary lesions in the parenchyma. Unquestionably when dense tubercular infiltrations have occurred, of course plates will reveal them but case-history, symptoms, signs, readily available for the use of every practitioner will render the diagnosis positive anyway at this period of the disease. But I insist, if possible, the diagno-

sis should be made prior to the stage of the existence of sufficient tubercular deposit to show X-ray pictures of diagnostic import, and I also insist it is the duty of the average practitioner to subject every possibly tubercular infected patient to a routine of critical study with a view to learning to make the earlier diagnosis.

Tuberculin reactions indicate tuberculous infection, not necessarily tubercular activity. While prompt tuberculin reaction with weak dilutions of tuberculin are of invaluable aid in the diagnosis of tuberculosis, and it is more than likely their recognized value will become greater as more general knowledge is obtained and disseminated, and improvements in preparations and methods are shown, it is to be remembered that serious mistakes have been made in the use of such preparations, in relying too fully on their results, and in the interpretation of such results. Resulting disastrously at the start years ago, and deterring many from its use, tuberculin preparations and allied products have a distinct field of usefulness in both diagnosing and treatment of tuberculosis, and the future will unquestionably afford us even more helpful resource along this line of endeavor. In this connection I may not fail to mention the exhaustive studies of the Doctors Von Ruck of Asheville, N. C., relating to the use of vaccines in the early recognition of tuberculosis and its therapy as well. A careful survey of their work should become a part of the equipment of every practitioner who wishes to do all possible to earlier diagnose and treat tuberculosis.

A most frequent error is perpetrated in assuming a cause for suggestive symptoms without scrutinizing examinations. The symptoms produced by the toxæmia of tuberculosis are to an extent common to other toxic influences. Of course there must be symptoms of a focal character to make the clinical picture suggestive. Even in the presence of a run-down condition, whatever this may really be, anæmic, dyspepsia, and similiar diagnoses (or better, shifts for diagnoses), are too often applied to explain the symptoms at a time when more extended study of the patient's symptoms would result in finding possibly corroborative signs, and in making a diagnosis of tuberculosis.

Tuberculosis activity, it is to be remembered, frequently subsides without treatment, often under treatment, and also despite treatment, and with a full consciousness of its universal prevalence the average doctor does well who keep ever in mind the possibility of his patient's having the disease if his symptoms do not

readily place the bar sinister on such diagnosis. There is possibly no disease in the category of medicine where success in treatment demands accurate and earlier recognition of the disease. And yet today pulmonary tuberculosis is diagnosed in the main, admitted only when the tissue destructive processes have advanced so far that bacilli are in evidence in the sputum. The modern surgeon would indeed be reprehensible did he wait for incontestable proof of the existence of an acute abdominal inflammatory condition demanding surgical treatment before operating upon his patient. We carry our responsibilities too lightly when we await the signs of advanced diseases, meanwhile overlooking the omnious symptomatology which if only carefully considered by being sought for, would be found to precede the physical signs in large part. If we are to choose a policy of "watchful waiting," let it be truly watchful—watching and correlating the evidences, thus affording the patient the full benefits of a recognition of existing disease conditions in time to be of most service to him.

Concluding I would emphasize:

We should keep constantly in mind that tuberculosis is the most frequent of diseases, and when we have persons coming to consult with indications of debilitated systemic states, and slight cough, we should not consider our duty performed to such patients until a most painstaking case history and study of his symptoms have been made, taking several examinations and a complete temperature record for several days.

Of vital importance always, is a carefully taken history.

Tuberculosis is the most frequent cause of cough.

Physical signs found on one side of the chest differing from those on the opposite side should almost necessarily, unless positively indicative of some other known condition, indicate tuberculosis.

The tuberculosis problem in its most vital part rests upon the average doctor who, if he only realizes it, is quite capable with brain, eyes, and ears, of making the diagnosis of early tuberculosis, and this duty should not be assumed to be the peculiar function of specialists.

THE DIAGNOSIS OF LATENT SYPHILIS.

By James W. Davis, M. D., Junior Surgeon,
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That syphilis may be contracted and present no marked symptoms, local or general, until years later, when it manifests its presence by lesions of the nervous system or vital organs or makes its appearance in the patient's offspring, is well known even to the laity.

The surgeon is frequently consulted by patients, for various complaints, who have syphilis in a latent form which may pass unsuspected and undiscovered unless a careful history is elicited or an examination of the blood shows a positive Wassermann.

It is this class of patients—those who are unaware that they are infected and may at any time develop any of the various late manifestations of the disease or, if they are aware of previous infection, have had only enough treatment to render the disease apparently inactive—that are a menace to themselves and to their offspring.

There is another class of patients, those who for one reason or another, imagine they have syphilis. Sometimes the mental stress is so great that they are completely incapacitated for work and unless their fears are relieved, permanent mental impairment may result. In such cases a clear-cut negative diagnosis will relieve the condition immediately, and, perhaps, prevent an untimely suicide.

Types of Latent Syphilis.

(1) Exposed to infection with no subsequent apparent lesions. Here the initial lesion may have been in the urethra or, if external, so slight that it was entirely overlooked.

(2) Those who, for some reason, suspect a primary lesion but had no characteristic secondary or tertiary symptoms. In this class come a great number of patients. Often the physician has treated a 'soft sore' or a so-called "hair-cut" by cauterizing it and telling the patient it was only a slight sore and would amount to nothing. The doctor who does this, not knowing for sure the nature of the lesion, is taking upon himself a grave responsibility. Should this sore be due to a strain of spirochetes which do not produce typical secondary lesions, the patient may think no more of it until he finds himself the father of syphilitic children or, perhaps, develops cerebro-spinal syphilis.

(3) Where the patient has had typical lesions but treated improperly or insufficiently and now presents no symptoms.

Under this class comes that great multitude of patients who have had an undoubted infection and went to Hot Springs and fell into the hands of unscrupulous, advertising, so-called specialists who flourished there in times past. A stay of a few weeks during which time they received mercurial inunctions and a few "baths" completed the "cure." Months or years later many of these deluded patients woke up to the fact that they were not cured; their first intimation may have been the appearance of syphilitic children or the appearance of further symptoms of the disease in themselves. There are, of course, reputable and expert syphilographers at Hot Springs whose ability and honesty are unquestioned, but the broad promises and guarantees of the advertising "specialists" caused many to fall into bad hands.

(4) Patients with a clear diagnosis treated by salvarsan, neosalvarsan or other arsenical preparations and now presenting no symptoms. (Patients sometimes foolishly discontinue treatment when the symptom disappears, thinking themselves cured).

(5) Children apparently healthy but of syphilitic parents.

(6) Women who have frequent miscarriages or who give birth to still-born or defective children.

(7) Parents of syphilitic children who were previously unaware of its presence in themselves.

(8) Patients presenting obscure symptoms referable to no particular disease. (Especially nervous and mental disturbances).

(9) Mentally defective children. (Congenital syphilis involving the central nervous system).

There are different strains of the spirocheta pallida which vary in their virulence as those infected vary in their susceptibility to this organism. In addition, certain habits or occupations also influence the course of the disease to some extent.

Where the initial lesion is on the superficial parts of the external genitalia the infection requires more time to become systemic, due to the infiltration and consequent induration about the site of infection which walls it off and to some extent hinders the passage of the spirochetes into the lymph channels and thence into the blood stream. (Where there is marked induration it may be due to secondary or coincident infection by other organisms and not to the action of the spirochetes). Where the lymph channels are the medium through which the infection becomes systemic, secondary

symptoms are more likely to appear. In a good percentage of cases, even if no treatment is taken and the infection is allowed to pursue its course, no secondary symptoms appear or are so slight as to pass unnoticed.

If there is no coincident mixed infection of the primary lesion and cleanliness is observed, the sore may pass unnoticed and if no secondary lesions appear, the patient may go on for years ignorant of his condition until the appearance of tertiary lesions. It is during this period of latency that treatment can more effectively prevent the permanent injury of important tissues or organs of the body than later when actual symptoms appear.

If the primary focus of infection is in the urethra, the basement membrane is the only barrier between the bloodstream and the organisms. After penetrating this, the spirochetes can go directly by way of the vascular system to all parts of the body. This predisposes to immediate involvement of the central nervous system. In such cases the appearance of secondaries is unlikely and there may be no objective symptoms for some time, except, perhaps a painless urethral discharge which may persist—urethritis due to the spirocheta pallida.

The infection of the fetus in utero may take place, if the mother is syphilitic, through the placental villi and thence by way of the fetal circulation direct to the central nervous system of the child or to other or all parts of its body. This may result in the death of the child before or near term. Should the child be born alive it may present any or all of the usual symptoms of an active, congenital syphilis or possibly no signs until later. Some of these children infected in utero may present no symptoms until late in life or possibly not at all if the strain of causative organism is of low virulence and the patient's resistance to this particular type of organism is good. Here we have a latent, congenital syphilitic who may never suspect his condition until the appearance of characteristic symptoms or, what is worse, the appearance of the disease in his or her offspring—transmission to the third generation.

Unfortunately, some patients will deny venereal infection even when they know that it is greatly to their advantage to give the doctor all the assistance possible. Others may be unaware of primary infection which was unsuspected because it was extragenital or because the lesion was slight and soon healed and no further symptoms appeared.

All these factors lead to difficulty in diagnosis and without a clear diagnosis treatment should not be given.

In examining a latent syphilitic an accurate history should be obtained. Bearing in mind the fact that some patients will deliberately deny infection while others are frank in their statements but do not know. The history, in most instances, enables us to group each case, certain types requiring a more extensive examination than a single Wassermann test of the blood.

After the history is obtained a thorough physical examination should be made, including blood pressure and complete urinalysis.

In all cases a Wassermann test of the blood should first be made. If positive, further examination before beginning treatment is unnecessary.

Where the blood is persistently negative and cerebro-spinal involvement suspected, an examination of the spinal fluid should be made. This applies particularly to cases with a clear history of syphilis that have had insufficient treatment, as for example, types 3 and 4. Certain strains of the spirochetes seem to have a special affinity for nervous tissue, and besides, all strains seem to resist treatment in this tissue longer than in any other part of the body. (Erb has reported five cases infected by the same woman all of whom developed cerebro-spinal lues). It should be remembered, too, that it is better to make a second examination of the spinal fluid in a week if the first test is negative and there is still strong presumptive evidence of involvement of the central nervous system. Cases have been reported where the spinal fluid would be negative at one examination and positive at a second a week later. Just why this is so is not known but fortunately it is rare.

A single blood test, whether negative or positive, in types 1, 2, 5, 6 and 7 is usually sufficient.

In types 8 and 9 a test of the spinal fluid may be required before a negative diagnosis can be established.

In type 3, cases that have been insufficiently treated by mercury and potassium iodide, a test will sometimes be negative at the first examination but a week after the administration of half a dose of salvarsan or neosalvarsan will be positive. This apparently paradoxical occurrence is due to the killing off of a large number of spirochetes at one time with the liberation of enough reagin or antibodies to give a positive Wassermann test. The previous treatment with mercury and potassium iodide having been sufficient

to render the blood negative to the test but not thorough enough to eradicate the spirochetes. Since the fortunate advent of the Wassermann reaction and salvarsan and neosalvarsan, which is common knowledge among the laity, many such patients come up for examination. In all cases where there is any doubt, the provocative test should be made before making a negative diagnosis. Should the provocative test be negative an examination of the spinal fluid will be a safeguard and will determine beyond doubt, if negative, the absence of syphilis.

When a spinal puncture is done, enough of the fluid should be obtained for a complete examination. About 6 cc. will be sufficient.

In latent syphilis, especially where there is cerebro-spinal involvement, the cells in the spinal fluid are increased in number. Instead of six or eight (normal) there may be fifty, sixty or even more than a hundred per cmm. The globulin content, too, is increased and is almost constant where there is marked cerebro-spinal involvement. The increase in cells and in the globulin content while not diagnostic are valuable accessory aids in diagnosis.

The luetin reaction is valuable as corroborative evidence of the presence of syphilis in a latent form. Noguchi, the originator of this test, has found it positive on 80-95 per cent. of latent syphilitics. One writer* has recently reported positive reactions in non-syphilitics after the administration of potassium iodide or other iodine compounds. This should be borne in mind when applying the test.

Only after a careful clinical study of a patient can laboratory findings be properly interpreted and the correct value placed upon the results.

Positive Wassermann reactions have been reported in malaria. Personally I have seen only one instance of this kind in a number of cases of malaria. Here the reaction was weak plus 1 and disappeared promptly after the administration of quinine.

In nine cases of pellagra I have found the reaction negative; In one case positive but this case gave a history of probable luetic infection.

Conclusions.

(1) There are many latent syphilitics who are unaware that at any time they may develop any of the late manifestations of the disease or find it in their offspring.

(2) The best single test we have for

*Sherrick, J. W., Journal A. M. A., July 31, 1915, p. 404.

syphilis is the Wassermann reaction but in certain types of cases a single negative test is not conclusive.

(3) An examination of the spinal fluid is especially indicated in cases where there has been an undoubted infection with probably insufficient treatment and the blood negative to the Wassermann test.

(4) The luetin test is of value in finding latent syphilis.

(5) Treatment should never be undertaken without an accurate diagnosis.

(6) The detection of obscure latent syphilis is not always easy and no pains should be spared in making the examinations and tests thorough and accurate.

(7) A careful consideration of both clinical data and laboratory findings should govern the diagnosis in every case.

(8) Syphilis can be treated anywhere by a doctor who understands the disease and is prepared to give the proper treatment. The patient must be made to understand the necessity of continuing treatment until repeated blood examinations are negative to the Wassermann reaction.

PERSONAL REMINISCENCES AND OBSERVATIONS ON THE EVOLUTION OF MEDICINE AND SURGERY IN THE LAST FIFTY YEARS.

By John Hey Williams, M. D., Asheville, N. C.

Outside of personal reminiscences, I have no doubt but that this subject could have been handled by any of your younger members, as it is now a matter of history. Fifty years is a long way to hark back, and in that time so much has occurred and such tremendous strides have been made in every branch of medicine and surgery, as well as all the collateral branches of science, that the task is too large for a single evening discussion of the matter.

I shall try as briefly as possible to pass in review the history of medicine as I have seen it. I may wander a little, but you must excuse that as my paper is largely reminiscent. To get a proper perspective, I shall try to present conditions as I found them when I first began my studies of the subject in 1859.

The works of Esculapius, Hypocrates and Galen were supposed to be classics in the libraries of the more highly cultured physicians of the day. The discoveries and lectures of Harvey and Jenner were well known and casually referred to in the curriculum of the colleges of that day. Unproved theories, empiricism and

authorities ruled the world until the beginning of the 19th century. Cullen, the great exponent of reasoning "a priori," founded his Pathology and Nosology upon pure theory. He was later succeeded by Brown, who, though a man of less learning and power than Cullen, was more intensely practical and based his system largely on therapeutics as clinically evidenced. Even the great Rush of Philadelphia was a convert to this movement, and his influence was dominant amongst the Western physicians at the time I began my studies.

As was customary in those days, I was placed under the care of my family physician. The doctor was a man of large and commanding figure, full of erudition, a college man and of high scientific attainments; and, withal, a well-stocked library to which I was supposed to have free access. However, my first studies were confined to sweeping the floors and washing bottles in the drug store which, as was then common, was owned by him, and in which all medicines dispensed by him were compounded.

I was then promoted to the powdering, and, incidentally, the study of the drugs then most in use. I remember well my first experience in the powdering of Veratrum in a big 150 pound iron mortar with a 50 pound pestle, which was suspended from a spring pole to which was attached a long leather strap with a stirrup at the lower end in which I put my foot and worked it up and down. I have had an immense respect for Veratrum Veride ever since, and withal, a high regard for its therapeutic value.

All the spare time I had from these humbler duties was given to the careful and laborious study of Wood & Bache's U. S. Dispensatory, in which I was regularly and thoroughly quizzed from day to day, until I could almost repeat it from memory. Though at first it was a hateful task, yet laid a good foundation for what I have acquired since in the way of therapeutics. I would that it were possible to have a more careful study of it in the schools of today. Our profession would be more self-reliant, and there would be less attention paid to the hackneyed stories of the detail man representing the elegant proprietary preparations that litter the desks of the doctors of today.

I was then given a copy of Wilson's Anatomy and the skeleton, and the same close questioning of the studies of the day. I was allowed to put up the simple orders of the doctor under his personal supervision. There was but little time for frolic, and I often rued the day when

my parents decided that I should be a doctor.

I was then inducted into the mysteries of Carpenter's Physiology, and was allowed to peruse Eberlee's Practice. It was then thought best that I should enter college, and I was placed under the tutelage of Dr. J. C. Hughes, the Dean of the Faculty of the Medical Branch of the University of Iowa, which was then located in a commodious and well-equipped building at Keokuk, Iowa. No preliminaries were required beyond a certificate of good character, registration, and the payment of the prescribed fees. At this time the war between the States was in progress, and the Government established a large base hospital there. Dr. Hughes held a commission as a Surgeon in the United States Army, and put in charge of the hospital. As his private student, I was made an acting interne, and surgical dresser, an opportunity granted to but few. I remained as an interne until my graduation, spring of 1863.

This continued environment led me to enter the army as an assistant surgeon in 1863. But this is simply reminiscence, and I must revert to the position of medicine and surgery as it was then.

The old time family doctor was but poorly equipped as we understand it today. He had learned some anatomy, some physiology and a great deal of *Materia Medica*, and a smattering of chemistry. He had possibly looked through a microscope and seen the Haversian Canal in a specimen of bone. The bacterial origin of disease was but dimly foreseen. He knew pus when he saw it, and he saw a lot of it, and had been taught that some pus was "laudable," *a la* Gross. He had been taught to expect suppuration and surgical fever after operations, and he was seldom disappointed. He had been taught to take the pulse with the "tactus cruditus," and I think to learn some things therefrom that are apt to escape his more learned and mechanical brother of today, who is apt to rely more on instruments of precision than personal observations. There is no gain without some loss. If he practiced in the country, as most of them did, he was probably furnished like "Rip Van Winkle, Jr., M. D.," as described by Dr. Oliver Wendell Holmes—"The Autocrat of the Breakfast Table."

"Lancets and bougies, great and little squirts, Rhubarb and senna, snakerooot, thoroughwort, Ant. tart., vin. coch., pil. cochiae, and black drop,

Tincture of Opium, gentian, henbane, hop,

Pulv. ipeccacuanhae, which for lack,

Of breath to utter, men call ipecac,

Camphor and kino, turpentine, tolu, Cubebs, "coopevy," vitriol, white and blue, Fennel and flax seed, slippery elm and squill, And roots of sassafras and "sasfrill," Brandy, for colics, pink root, death on worms, Valerian, calmer of hysteric squirms, Musk, assafoetida, that resinous gum, Named from its odor, well it does smell some, Jalap, that works not wisely but too well, Ten pounds of bark and si of calomel, For outward griefs there was an ample store, Some twenty jars of gallipots or more. Ceratum simplex, housewives oft compile The same at home and call it "wax and ile." Unguentum resinousum, change its name, The "drawn salve" of many an ancient dame. Argenti nitras, also Spanish flies, Whose virtues make the water bladders rise. Leeches, sweet vermin, don't they charm the sick?

And sticking plaster, how it hates to stick.

Emplastrum ferri, ditto pices, pitch,

Washes and powders, brimstone for the * * * which?"

Of course there were other things such as saws, knives, lint and bandages. Physick, long splints and other instruments of torture. The thermometer was not in general use, and was but a crude instrument. The hypodermic syringe was introduced by Wood of Edenburg in 1843, but had to wait long years for the perfected instrument; and the monograph of Bartholo before its general use. The mosquito, the bed bug, the tick and body louse were regarded as we look upon the Mexicans, undesirable but not dangerous neighbors. It was a dark hour for medicine, but the light was beginning to break as early as 1865. Pastuer was investigating the silk-worm disease in France. He found it to be a parasite, found the means to cure, and to prevent the spread of the disease. His investigation led to the discovery of the cause of anthrax, and rabies, chicken cholera and etc., and established the great principle of the bacterial causation of communicable diseases, and the possibility of immunization.

Laennec had given us the stethoscope, but by the older men it was regarded as a fad. The findings of the instruments with its delicate delineations were not yet studied and interpreted. The invasion of the sacred cavity of the abdomen was a dangerous dream till actively practiced by the gifted and sturdy McDonald. It was not frequently practiced even then, and not until the knowledge of sepsis and a sepsis were given us by Pastuer and Roux, was the surgery of the cavities of the body rapidly advanced.

There was but little community of knowledge and interest between the leading men of that day, especially among the

Western giants of medicine and surgery. It is interesting to look over the various histories of medicine and note the intense jealousy exhibited between those intellectual giants.

I well remember the day when it was heralded through our college and hospital that the great Dudley of Kentucky would deliver a lecture on Lithotomy and would "cut for stone" before the class. His operation was the lateral one and was beautifully and successfully done in a very few moments. Dudley was then at the zenith of his fame, and was the most irascible and volcanic man I had ever met. He would be called today a clean surgeon, though there was no knowledge of sepsis beyond hot water and soap, which he used in abundance.

I had, also, the privilege of meeting and knowing both Pope and McDowell of St. Louis, Mo., both of whom were among the foremost surgeons and physicians of the West from 1855 to 1865, and among the founders of the University of Medicine of Missouri. I did not have the honor of knowing Samuel D. Gross till I moved to Philadelphia after the Civil War, where my knowledge of him was rather intimate and led to my most profound admiration of the man.

There were but few medical journals in which to spread the knowledge and experimental work of their confreres. But few of the gentlemen present comprehend fully how the men of those days were handicapped in their work. Their success made them dogmatic, pragmatic and intolerant of the views of others. The organization of the A. M. A., in 1847 had not yet succeeded in the consolidation of medical and surgical interests and the general spread of medical knowledge. The growing power of this great organization gradually brought about a greater community of interest and elevation of the masses of the profession, and an appreciation of the fact that science knows no geography, and that all faithful students are inter-dependent and must advance together.

The practical studies of those days were confined to Watson's or Eberlee's Practice of Medicine; Gross, or possibly Erichson on surgery, Hamilton on Fractures; Dalton or Carpenter's Physiology; Meigs on Obstetrics and works of that date. I must not overlook Sir Ashley Cooper on Hernia, a book that is worthy of notice today, and the technic of his work has been but little improved on, except in the modern teaching of aseptic work.

As the student advanced in his study of practice in the intervals of his college

work, he was occasionally allowed to see an "interesting patient" by his doctor preceptor, who would try out the skill and power of observation of the student, often to his great discomfiture, I rather think the doctor himself was the greater study of the student. The fact is, the student wished to see the commoner forms of disease, which more vitally concerned his approaching essay in the "Divine Art," than the "interesting cases," which he did not desire nor expect to see. It was the daily work of the doctor that had a fascination for him.

The lectures at the college were purely didactic, and repeated from year to year, and but little interest was taken in the individual student, and he was largely left to his own devices.

Reverting to the influence of the A. M. A. It resulted in the elimination in great part of the weaker, and too often commercial, schools with poor and inadequate facilities for teaching, and resulting in the consolidation of the more powerful and better equipped schools, with large laboratories, and a more extended curriculum, which finally resulted in placing American Medicine and Surgery upon a plane which, today, is equal, and in many respects, superior to the older schools of Europe. The thoroughly practical and inventive genius and daring of the American surgeon is fully recognized on the fields of the great cataclysmic war that is devastating Europe.

Let us listen to the summing up of the essay of surgery, written by Samuel D. Gross in 1876:

"Finally, let it not be supposed from what precedes that the American surgeon is a mere operator; if he ranks high in this particular, he ranks high also as a therapist. Nowhere it may be safely asserted are the great principles of surgery better taught, or better understood, than they are in this country. As a general practitioner, skilled in diagnosis and in the art of prescribing, it is no presumption to affirm that he has no superior. If, as a body, we are deficient in any particular, it is in the more refined and subtle portions of our studies; studies which, after all, are of no essential practical importance, but which it is not too much to say will in due time receive their just proportions."

Then going on to tell of American success, in the treatment of wounds as an example of our forwardness and excellence, he said: "Little, if any, faith is placed by any enlightened or experienced surgeon on this side of the Atlantic, in the so-called carbolic acid treatment of Professor Lister." "Tempora multan-

tus." It was all a delightful eulogy of American men and home methods, a paean of joy, that we were what we were, and written in the very year of Lister's visit to Philadelphia, and the famous demonstration of his magnificent discovery. Medicine and surgery were on the eve of the greatest revolution known to our science, and a prophet was in our midst but he was without honor.

It is an endless task to enumerate the great achievements of the later workers in the rapidly broadening field of successful endeavor. They are not new to the most of you earnest workers, and the names of the workers are household names. The work of Pastuer in the prevention of rabies, Abderholden's blood studies in the early diagnosis of cancer, leading to the prevention of years of suffering and eventual death.

The study and elaboration of the internal secretions, and their influence upon metabolism and catabolism, and the part played by the ductless glands in the physiological and pathological conditions of the body, have almost opened the doors of fairy land. This is the scientific age. The spirit of inquiry dominates all regions of thought. The Roetgen Ray has laid bare all the secrets of the internal body, and helped the earnest surgeon in his work, and is of inestimable aid to the clinical experience and judgment of the clinical observer. The location of gall stones, urinary calculi, dislocated joints, and fractured bones are no longer guess work.

Preventive medicine largely occupies the minds of the profession, and presents the curious anomaly of the profession striving to eradicate that which adds so largely to its income. The study of preventive medicine thoroughly occupied the minds of our fellow laborers in Cuba, and resulted in discoveries that made possible the most gigantic engineering feat in the world's history—the building of the Panama Canal.

The knowledge of the etiology of yellow fever and the mode of transmission of malaria, have made habitable almost all parts of the earth. The Bubonic Plague, of old known as the "Black Death," once a grim and ghastly spectre is no longer layed with "bell, book and candle." This horrible disease of the middle age which has from time to time swept the habitable globe, filling it with death and terror, has been robbed of its frightfulness under the splendid administrative efforts of Rupert Blue and his helpers.

The recent studies of our American physicians in Serbia and Bulgaria, have

shown the source and means of transmission of the deadly typhus fever, long known as "ship fever" during the Revolutionary War, and in the beginning of the 19th century. The discovery of the prevalence of the hook-worm, and more especially of its easy cure and prevention, has restored its thousands of pale, anaemic and inefficient victims to health and usefulness, and a better knowledge of hygienic measures. It was once a truism that disease killed more of our soldiers than all the casualties of war, but today our boys in camp, or in the fields, no matter where placed, are as safe from disease as at home.

The Government, State and community, guided by the best medical talent and laboratory workers, are reaching such results in the alleviation of suffering and the saving of human life, as to almost stagger belief. The establishment of State Boards of Health, of which our own State Board is a proud and militant organization, has added greatly to this work.

Tuberculosis is still one of the opprobria of the profession, but the laboratory research of Koch, and the further study of the etiology and pathology of the disease by countless observers, seem to be clearing the skies, and the work of preventive medicine will in time rid the world of most of the terrors of the "Great White Plague." Pellagra is now in the hot crucible of modern investigation, and gives promise of great things in its speedy control.

Ophthalmia Neonatorum, with its countless number of victims of blindness is now a stigma of shame to the careless doctor who should be punished by law, as well as with the condemnation of the world. The prevention of typhoid by vaccination, and the recognition of latent lues by the methods of Wasserman and Noguchi, and the resultant treatment with salvarsan and mercury, are among the greatest triumphs of today. The invention of the Laryngoscope by Czernie in 1880; the ophthalmoscope by Helmholtz, and the cystoscope by Nitze somewhat later, are among the instruments of precision that are of such great aid in the recognition and treatment of diseases.

But why try to enumerate all the things which are as household words to you younger men. You who stand on this high pinnacle in the foremost files of time, heirs to all the ages, are still but the advance guard of all that is to come in the future. "That which before us lies, is still on the knees of the gods."

Lastly, I must pay such tribute as I may to the "old time doctor," one of the

grandest characters that has ever crossed the stage of human action. To most of you he is simply historical, to me it is a pleasant memory I have of the many old time doctors that I have had the privilege of meeting. The life of the old time doctor is an epic poem, both poetry and tragedy.

We are too apt in these days of advanced scientific knowledge to view with indifference and even contempt the work of the men who made possible to us all the grand achievements that are daily exhibited in our schools and clinics, and even in our every day work. The serried ranks of our predecessors have built the bulwarks of our great profession. Not so much can be said of the achievements of these men as of the men themselves. We are too apt to think of them as puffed up with ignorance and full of conceit with their supposed complete knowledge of this great science. No doubt but that in the earlier history of medicine, they were supposed to be possessed of mysterious knowledge of the tremendous and baffling problems of life and death—worshipped as half divine if the issue was happy, and derided when it was a failure. It was often said of this old-time hero that he worked for fun and boarded himself.

The struggle of life was as hard with him as with us today, but the spirit, the microbe of commercialism, had not entered into his heart and soul and made him the hard and scheming doctor of today, who is too prone to convert the sweet of the anguished brow and the pangs of the aching heart into so many "acres of fair domain" or coined dollars of the realm. Seldom did he accumulate much of this world's goods, for his life was filled with nobler aims.

Not long since, an old doctor died, and some one said "he died poor." Did he? It is true he did not accumulate riches, or erect fine houses, whose brick were made with the heart-pumped sighs of the oppressed, and whose mortar was mixed with the tears of the widow. He had spent his life in doing good.

But it is not necessary to drag you up to Heaven and introduce you to St. Peter in order to point out to you the things that he did earn while on this earth. These things are known to all of you, and the records are among the eternal verities.

Varicose Ulcers.

Every practitioner of experience has come across them, those exasperating, non-healing, inflamed legs, for which legions of remedies have been recommended. When another suggestion is added the writer wishes to state that he has just treated three cases successfully by the method described here.

The first requisite is the allaying of the pain, and this is done by painting the ulcer with a 10 per cent. cocaine solution followed by dusting with iodoform or airoil. To the surrounding eczematous skin the following should be applied: R. Sander's Eucalyptol, 1-2 dr.; Ung. Zinci Oxidi, 1 oz. The proportion of Sander's Eucalyptol should be gradually increased until 2 dr. to 1 oz. of zinc ointment is used. As soon as it can be borne the ulcer itself should be painted with the pure Sander Eucalyptol. This should be allowed to evaporate and followed by dusting with iodoform or airoil. Sander's Eucalyptol disinfects and stimulates epithelization, whilst the iodoform or airoil gives the necessary freedom from pain. Wherever the inflammation is not too intense a quicker result can be obtained by painting the surrounding inflamed skin with the pure Sander Eucalyptol and following with the zinc ointment. Rest in bed is necessary in all bad cases, and the inflamed parts should be covered with linen (not lint) over which sufficient wool is placed and a bandage loosely applied.

It is essential to specify Sander's Eucalyptol, as intense aggravation of the inflammatory condition has followed the application of unspecified eucalyptus products. In the Supreme Court of Victoria, Australia, a sworn witness testified that the ulcer from which he was suffering was made much worse by such an irritating product, whilst the application of the genuine Sander Eucalyptol brought about a cure. Such testimony is not to be lightly rejected when the physician has his reputation and the welfare of his patient at stake.

More than 30 years ago a prominent physician of St. Paul, made the following statement, which has since been corroborated by the clinical experience of thousands of physicians.

"For the indefinite aches and pains of nervous patients Tongaline is superior to any other anodyne. For nervous headache or muscular elimination it is almost a specific."

The physician's visiting list for 1917 includes an entirely new dose list prepared in accordance with the new United States Pharmacopoeia. This will prove an exceedingly useful feature, as there were many changes, improvements in standards, new drugs and other material inserted. This list gives the dose in both the Apothecary and Metric systems and the solubility and important incompatibilities when called for.

Several other new tables have been inserted such as Isolation periods in Infectious diseases, table of Mortality, etc. P. Blakiston's Son & Co.

Tongaline exerts a manifest action on the nervous system of the secreting order of glands, it diminishes the uric acid content of the blood, and produces a substitutive irritation in the region of the articular surfaces. On account of the exaggerated vasomotor action of Tongaline, the irritation drives the poisonous deposits toward the emunctories, causing a great secretion of bile in the liver, an abundant diuresis in the kidneys and a serious diarrhoea in the intestines, while in the feces and in the urine we find a great quantity of uric acid.

These conditions secure the attainment of the desired effect, which is to expel from the organism all those agents, the accumulation and retention of which in the blood are the cause of rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsillitis, heavy colds and excess of uric acid.

Chemical Food is a mixture of Phosphoric Acid and Phosphates, the value of which physicians seem to have lost sight of to some extent in the past few years. The Robinson-Pettet Co., incorporated, to whose advertisement (on page XIV) we refer our readers, have placed upon the market a much improved form of this compound, "**Robinson's Phosphoric Elixir.**" Its superiority consists in its uniform composition and high degree of palatability.

Obstipation Following Operation.

There are many theoretical reasons why INTEROL should be of value to the post-operatively constipated patient. But the best reason is that it is of value.

And the most gratifying thing about it is that in most cases, while at first, the patient may need as much as 1 to 1SS of INTEROL per day, with time, he can diminish the dosage to as little as half an ounce a day, or an ounce every other day, and even discontinue INTEROL for periods of time.

In many cases, INTEROL is the last

resort to avoid another use of the surgeon's knife.

Phylacogen in Small Bulbs.

Formerly the six preparations constituting the Phylacogen line were supplied in 10-mil (10-Cc.) bulbs only. A considerable demand has developed for a smaller package. To meet it the manufacturers (Parke, Davis & Co.) announce the addition of a 1-mil (1-Cc.) bulb. Each bulb is enclosed in a pasteboard carton. These small bulbs are marketed in packages of five, which enables the druggist to supply the physician with one to five bulbs, as may be wanted. The 10-mil bulbs, in individual cartons, will be marketed as heretofore. It is confidently believed that the two packages now furnished will meet every demand of the medical profession.

The Sequelae of La Grippe.

Among all of the various acute and exhausting illnesses that afflict mankind, there is none that so generally results in distinct prostration as epidemic influenza, or La Grippe. Even the grippal infections which are uncomplicated or unaccompanied by serious organic changes are more than apt to leave the patient in a thoroughly devitalized condition after the acute febrile symptoms have subsided. It is for this reason that the treatment of La Grippe convalescence is of special importance. The anemic, debilitated, depressed patient requires a systemic "booster" that will not only stimulate but revivify and reconstruct. It is distinctly wise, in such cases, to commence vigorous tonic treatment as early as possible, preferably by means of Pepto-Mangan (Gude), the hemic builder and general reconstituent. This standard hematinic increases the vital elements of the circulating blood and, by increasing the appetite and improving the absorptive and assimilative functions, quickly restores both hemic and general vitality.

The profession in general realize the importance of securing the best food obtainable in those instances requiring a special diet, and for this reason appreciate the superior qualities of Horlick's Malted Milk. Owing to the successes of Horlick's Malted Milk Company, certain concerns are manufacturing imitation malted milks, and attempts are made to substitute these for the Original. Therefore physicians who desire that their patients obtain the best should specify "Horlick's" the Original, and thus avoid any possibility of substitution.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR.

CHARLOTTE, N. C.

JUST A THOUGHT FOR APRIL.

The purpose of the Medical Society of the State of North Carolina is to bring into one great composite whole the State's profession, so that individuals may fraternize; learn from one another; join hands in the advancement of medical science; elevate the practice of medicine and make the healing art and the prevention of disease more useful to the people of the State.

To accomplish this in its entirety the society must be fostered by all of North Carolina's medical men. It pays to keep in touch with and attend its meetings regularly. To know its personelle is indeed a great privilege. To take part in its deliberations is an inspiration. To sit and listen to its papers and discussions fills one with a patriotism and a pride for the State that proves a real joy. Its membership is large but not large enough; nor will it be until every doctor in North Carolina can participate in its benefits and privileges.

The Asheville meeting is to be pulled off in April, 1917. Would not the obligation on the part of every member to bring new men to Asheville be a most laudable New Year's resolution? How about it.: Let's get busy. Don't forget April. Let's talk the Asheville meeting. Let's get everybody interested. Let's go ourselves and see that our neighbor goes. Let's talk to the Councilors of the various districts and have them call the attention of the county societies to the fact that to get all non-affiliating physicians in the State to join hands with this big progressive medical clearing house, will indeed be glorious.

TO THE SUBSCRIBERS OF THE CHARLOTTE MEDICAL JOURNAL:

I hope that you will pardon me for reducing the size and number of reading pages of The Charlotte Medical Journal for a few months or temporarily. All of the large medical journals and magazines of every description have cut down their reading pages almost 50 per cent.—all of them certainly from 25 to 35 per cent. This is due to the increased price of paper that has been brought about by the paper trust. I now have to pay 15 cents a pound for paper that but a few months

ago could be bought for 4½ cents a pound.

Further it might be well enough for me to add that when the European war began, nearly three years ago, the imports, so far as scientific proprietary remedies were concerned, were cut out of The Journal entirely; within the short space of 90 days, I had several thousand dollars' worth of cancelled advertising contracts.

THE FAMILY DOCTOR.

What's become of the old time family doctor? Except in sparsely settled rural districts, he is "non est inventus." The family doctor was firmly entrenched in the confidence of the family! To them he was an oracle of wisdom and skill. He didn't forsake the family in the dying hour, but stayed till the curtain of death was rung down. He ministered both in medicaments to the sorrowing, and sympathy and consolation as well.

He was the court of last appeal! With crude weapons to combat disease, he was wonderfully successful. He endured hardship and exposure. His means of travel were not autos and taxis; but astride "pegasus" he would ride from sunrise to sunset, in winter, with its chilling blasts, and under the scorching rays of summer.

It is no exaggeration to say that he was the repository of information upon almost all subjects! In fact, he was hailed by his clientele as an animated, peripatetic encyclopaedia of general knowledge. He could recall the past, as well as current events, to the edification of his friends. His talents were not circumscribed by any narrow pent-up Utica of specialism; but were found equal to any emergency. He amputated limbs, extirpated tumors; and thrown upon his own resources he was no mean hand with the knife, and he kept an eagle eye to see "laudable pus!" That was the assurance of surgical skill and triumph.

The old-time doctors ministered to rich and poor alike; and their ministrations were based upon the broad spirit of philanthropy. While they didn't lay up treasures here, yet it could be said of their unselfish devotion: "Well done, good and faithful servant." The pioneer doctors were, with rare exceptions, God-fearing and God-serving men. They were honest, kind, patient, self-sacrificing men. The present day grasping mercenary spirit and practice would have been criminal in the estimation of the good men of the remote past. The doctors of the past were not extortionate, but were reasonable and liberal. While

they expected to reap pecuniary rewards for services, yet they never "ground the faces of the poor." Alas, that their race is almost extinct! F.

ALBUMINOUS URINE.

Does albuminous urine always indicate Bright's disease? Is Bright's disease, when present, always accompanied by albuminous urine? To both of the queries, the answer is No!

It is certain that some articles of food will cause some albumin in the urine. Osler and Barthalow both assert that albumin in the urine is transitory, and cannot be a proof of Bright's disease, provided there are no casts to indicate advanced kidney involvement. Albumin is present in various diseases; and yet not proceeding diseased kidneys. Albumin was found in a case of "mollitis ossium!"

The excessive use of too exclusively albuminous diet, such as eggs, has shown albumin in the urine. Any serious interference with the circulation, such as congestion, will show albuminous urine. It was found that the inhalation of "arsenated hydrogen and carbonic acid caused the urine to be albuminous. Albumin will be slight, and temporary, in exceptional cases, apart from dietetic errors. It is present in scarlet fever, typhoid fever, ague, diphtheria, pneumonia, peritonitis, traumatism, and acute articular rheumatism. It is also present in heart disease, abdominal tumors, cirrhosis, scurvy, pyemia, gangrene, and jaundice. Persons suffering from plumbism show it.

Finally, it must be carefully determined whether it is temporary, or persistent; or whether it is an evidence of renal disease! F.

DOCTOR, PLEASE NAME THE BABY.

Does the average medical man when sending a report to the vital statistics registrar realize that if he fails to "name the baby," the chances are in the State's vital statistics at the State capitol there will be a record of the birth of a baby of a certain sex on a fixed date, with the names of the parents, but no name to the baby? Does the average doctor who sends a report to his local registrar understand that if he is thus negligent in the matter of completing the record before he mails it, it will in all probability, never be completed, and the doctor will forever and a day stand in the light of having done an innocent baby of a few days' of age, helpless and wholly defenseless, an irreparable damage?

One may say, this is an extreme view to take of such a little matter, or that the State is safeguarded fully if the birth alone is reported, that it makes no difference to the State if the name of the baby is not recorded? Possibly the vital statistics record can be completed without the baby's name being sent in by the doctor, but suppose the baby's guardian, or some one else in later years, wishes to know some facts as regards the date of birth of a certain child, or adult, of a given name, how is that State ever to be able to issue a proper birth certificate, unless the attending accouchier performs his duty to the baby, the State, and to himself, in sending a complete report as called for in the registration blank, with the baby's name complete?

Of the 76,704 births registered in North Carolina during the first eleven months of 1916, only about 10 per cent. were accompanied by the names of the babies—or scantily more than 7,000 of the birth certificates had the baby's name written in the proper place where the doctor should have placed it. If the physician will only insist on it, the name will be furnished him, and it is only carelessness that causes the incomplete records. W.

NO RACE SUICIDE IN NORTH CAROLINA.

A glance at some figures from the office of the registrar of vital statistics in North Carolina is of more than passing interest as tending to fully disprove any suggestion of possible race suicide tendencies existent in the Old North State in 1916. To December 1st, 1916, the temporary death rate for 1916 as recorded in the office was 13.4; while the temporary birth-rate for the same period was 32.2.

Births, (exclusive of still-born).....	76,704
Deaths, (exclusive of still-born).....	31,776
Still born	7,104

Total certificates registered.....	115,584
Convictions secured for failure to send reports	36
Fines imposed for failure to send reports	\$115.92

The registration of vital statistics in North Carolina will in a very few years prove of inestimable value to the State at large in disproving the oft-repeated statements circulated so freely, especially in the Eastern States to the effect that the State, in common with all the other States of the South, was uncommonly unhealthy, and a section of the nation to be avoided by those careful of securing a healthy environage. W.

COMPARATIVE PATHOLOGY.

Not so very long since in the history of medicine it was assumed that disease processes affecting the human race possessed an entity wholly different from similar pathological conditions developing in the bodies of animals lower in the creative scale. The manifest tendency of this generation of medical students to go more deeply into the **rationale** of things pertaining to disease have brought us clearly to a recognition of the fact that while we possess ample demonstration of a higher spirit life for mankind, and believe in the immortality of the human soul, as a thing apart from the mere physical bodies we tenant, yet we daily grow into a more intimate recognition of the fact the human race is subject to a variety of disease processes similar to, if not identical, with those which affect the lower animals, and more especially those domesticated to the service of man.

Only recently a distinguished medical authority, wise in his day and generation, and with a broadening forethought as well, suggested that in the great university of the future, there would, so far as the students of medicine were concerned, be a grouping, to an extent of all diseases known to affect any and all the varied forms of animal life, and the students of human pathology with the investigator of the many types of disease in the lower animals would pursue at least their primary pathological work side by side.

If it be suggested that such a course is impossible on account of lack of time, let us remember a certain amount of study of the pathology of lower animal and plant life is an absolute necessity to the well-rounded physician of today, so closely do disease entities blend human beings with their inferiors. Scientific endeavor has of recent years placed our knowledge of these pathological relations in a clearer light than in former days. While it is to be remembered that from the earliest dawn in humanity's day preparations of animal origin (witness the suggestions therapeutical noted in famous "witches' broth" of Macbeth) have always been held in high esteem in medicine, yet only in our own day have the use of some of these remedies been placed on a scientific basis.

The various sera being developed for use in medicine having lower animal blood for this *nidii* render it more imperative than ever we should have definite knowledge of comparative pathology in its many details.

That the near future will familiarize

the average doctor of physic with a profounder, cognizance of diseased conditions in the lower animals, and more particularly those most closely associated with man is an absolute certainty; hence as medical men such investigations as one recently inaugurated by the federal government looking to a large expenditure of public funds in investigating the subject of too frequent abortions in dairy herds, will be watched with more than passing interest, realizing that in federal chasing of the doings and misdoings of the *Bacillus* of Berg, information will probably be secured broadening the foundations of pathology and thus helping scientific advance. J. H. W.

LASSITUDE AS A CEREBRAL SYMPTOM.

Change of disposition in children is often wrongly interpreted, and both parents and teachers have recourse to various means to secure improvement such as reprimanding, forcing, depriving of food, etc., although conditions grow worse instead of improving. A child, for example, enjoying heretofore good health all at once undergoes a radical change; he becomes slow in his actions, takes more time than usual in eating, dressing, studying; his intellectual faculties become less vivid, memory fails, he lacks attention. The condition is diagnosed as "laziness" and bodily punishment is inflicted. A child like this is certainly ill, and coercive training will not improve the condition but strictly medical attention is necessary.

The subject is certainly important from a practical standpoint as the future of such a patient depends upon the early recognition of the pathological condition. It should be borne in mind by every parent or teacher. Cheerfulness, laughter, vividness—are all attributes of youth, and if these characteristic features of a child are rapidly replaced by lassitude and impairment of intelligence, the condition is undoubtedly morbid.

As a striking example the following case may be cited. A boy of 12 in the midst of good health, began to show symptoms of lassitude and indifference, also impairment of mental energies. A superficial examination led to the diagnosis of anemia and the case was treated accordingly. The result was not only negative but the condition grew worse. When, however, a more thorough investigation was made, the following symptoms were found: A slight deviation of the lower half of the left side of the face towards the right and a paretic condi-

tion of the muscles of the left face which could be demonstrated by asking the patient to show his teeth or by moving his lips from side to side. Further investigation showed also a slight but distinct parietic condition of the left side of the body; the knee-jerk on the left was increased. The patient complained of heaviness in the left arm. Trophic disturbances were also present on the left side: the arm and leg showed less muscular development than on the opposite side. The patient had continuous headache, although mild in character. Occasionally the patient would vomit before meals. An ophthalmoscopic examination revealed a stasis in the right papilla; there was also a diminished visual activity in the left eye.

Although the objective signs were but slight, nevertheless they were invariably present at repeated examinations. The diagnosis of intracranial pressure (tumor) was made and it was verified at autopsy. The original lassitude was an early manifestation of the cerebral disorder and because of the slight degree of the objective symptoms their true nature was overlooked. It behooves one to endeavor to give a proper estimate of every disorder no matter how insignificant it may appear.

WHO IS A HERO?

Heroes are those who seek not the praise nor heed the jeers of fellow men.

When human life is about to be sacrificed in fire or flood, or smothered out in some deep mining shaft; without a thought of danger to himself; wealth or station, sex or creed of the other, or anything else; he hasn't time to think, except of saving life; then he takes his life in his hand, as it were, and to the rescue leaps.

If success his efforts crown, we name him hero and his praise is sung in every land and echoed back from every hill—Hero. He is awarded iron crosses and golden crowns and medals of honorary distinction of every conceivable kind.

If his efforts fail and his own life he loses, they merely say, "Fool—the impossible—he might have known."

How much less a hero is the man who sits in the lonely quiet of his room—his laboratory—with test tube and culture tube, reagents and culture mediums galore; with microscope and X-ray; pouring in and pouring out, dropping in and piping out; working up and working down, winding in and winding out; winding on and winding off in a never-ceasing effort to ascertain the source and nature

of disease, and to breed, if possible, an antidote whereby may be saved a million human lives?

If by chance he loses his fingers through X-ray burns; his eyes from fuming gases, or becomes himself infected with deadly germs and his lease on life is early closed in his effort to prolong the lease of thousands more. His body returns to mother earth from which it came—"Ashes to ashes and dust to dust." His bones add strength to the woody fiber of giant oak; his blood paints the cheek of the choicest fruit—the apples that grow on the highest limb, as well as the leaf of the rose that grows on its thorny stem.

No brass band parades; no torchlight processions; no red fire is burnt for him; no costly marble—sculpture decked—is storied with his praise. The world says "He wasn't a mixer. He wasn't a business man. He wasn't a financier. He died poor." The profession to which he belonged and for whose advancement he gave his life—do say, "He thought he was smart."

But his epitaph is written, written, not by the erring pen of man, on parchment to be hidden away and lost, but written by the ready hand of an angel: written in indellable letters of blood; written on the crest of a fleecy cloud, that man and the angels may read, "He Died for Me."

JAMES W. SQUIRES.

EDITORIAL NEWS ITEMS

Dr. Joseph T. Buxton wishes to announce that after January 1, 1917, his practice will be limited to surgery, office and consultation work. Office: The Marlborough, Newport News, Va.

The Southern Medical Women's Association, which met in Atlanta, Ga., last month, elected Dr. Mary Lapham, Highlands, N. C., president; Drs. M. A. Hopkins, Dallas, Texas, and M. Louise Strobel, Washington, D. C., vice-presidents, and Dr. L. Rosa H. Gantt, Spartanburg, S. C., secretary-treasurer.

Dr. T. M. Cherry, one of the most prominent physicians of South West Virginia, died of paralysis at his home in Roanoke Va., December 14th. Dr. Cherry was a well known physician not only all over Virginia but the South Atlantic states. He was a surgeon of very great skill and was recognized as such all over this section of the country.

Dr. J. M. Tankersley announces that he will open the Harper Sanatorium to the profession January 1st, 1917. Dr. Tankersley will confine his work to surgery and consultations. Wilmington, N. C.

Dr. W. S. Whitmore of Lynchburg, Va., formerly City Physician, was accidentally shot Wednesday, November 18th, by Dr. Fred H. Hamlin, while they were out bird hunting near Lynchburg, Va.

The Pickens County Medical Society, held its annual meeting on December 7. Dr. W. A. Trippe of upper Anderson County was elected President; Dr. W. M. Long of Liberty, Vice-President, and Dr. J. L. Bolt of Easley, Secretary and Treasurer.

The Columbia Medical Society of South Carolina at its annual meeting held at the Y. M. C. A. Building, elected Dr. Guerry to succeed Dr. Julius H. Taylor as President of that Association. Dr. LaBruce Ward, was elected vice-President, and Edythe Welbourne, M. D. was elected Secretary and Treasurer.

The officers for the New Hanover Medical Society for 1917 are as follows: President—Dr. Ernest S. Bulluck. Vice-President—Dr. J. R. Robertson. Secretary and Treasurer—Dr. G. E. Bowdoin. Delegate State Society, Dr. J. G. Murphy.

Dr. J. William Nelson of Charlottesville, Va., died on December 15th, 1916. Dr. Nelson was for many years in the employ of the Pennsylvania Railroad. He was one of the most prominent physicians in Virginia. He was especially a noted surgeon. His death is a very great loss to the surgical profession of Virginia.

Dr. J. L. Moorefield of Mount Airy was shot at that place on December 23, by Will Johnson, son of the Editor of the Mt. Airy News.

The injuries when this news item was dictated were considered very serious—possibly fatally so. Dr. Moorefield has been a resident of Mt. Airy for about a year and employed as physician for the three furniture factories located in that City. He was originally from Virginia. The cause for the shooting is not known.

Dr. Henry H. Whitaker of Hilliardston, N. C., a graduate of the School of

Medicine of the University of Maryland, Baltimore, in 1883, and a member of the Medical Society of the State of North Carolina and the Nash County Medical Society, died at his home on October 12, from cerebral hemorrhage, aged 55 years.

Dr. Whitaker was a professional gentleman who was greatly respected and beloved in the community where he practised for a number of years. His death is a loss to the community.

Dr. Isaac R. Godwin of Fincastle, Va., a graduate of the Medical College of Virginia, Richmond, in 1860, and a member of the Medical Society of Virginia, and the Botetourt County Medical Society, died at his home on October 1, aged 79 years.

Dr. Godwin was greatly respected, especially in the community in which he lived and practised for over 50 years. He left a number of loyal and appreciative friends. He was a man of prominence.

Dr. Charles Westly Lester of Guthrie, Tex., a graduate of Vanderbilt University Medical Department, Nashville, in 1880, and a member of the American Medical Association, the State Medical Association of Texas, and the Todd County Medical Society, died at his home on October 11, from cerebral hemorrhage, aged 58 years.

Dr. Lester was a man of prominence in his community, and in the neighborhood in which he lived and practised he was greatly beloved.

I have received the following notice from the very efficient Secretary of the Tri-State Medical Association, Dr. Rolfe E. Hughes of Laurens, S. C., which reads as follows:

Dear Doctor: The next annual meeting of the Tri-State Medical Association, of the Carolinas and Virginia, will be held in Durham, N. C., February 21 and 22, 1917. The card goes on to say—"Please prepare yourself especially for this meeting and bring all of your friends. Application blanks for Fellowship will be sent on request. Address all communications to Rolfe E. Hughes, Secretary, Laurens, S. C.

The Southern Surgical and Gynaecological Society met at White Sulphur Springs, West Virginia, on December 13th. Dr. William D. Haggard of Nashville, Tenn., was elected president of this society at its closing session. The 1917 convention will be held at St. Augustine, Fla. Others officers elected were: Vice-presidents, Dr. J. Ernest Stokes of Salis-

bury, N. C., and Dr. Francis R. Hagner of Washington; secretary, Dr. Herbert A. Royster of Raleigh, N. C.; treasurer, Dr. Legrand Guerry of Columbia, S. C.

The Buncombe County Medical Society held its 21st annual dinner at The Manor in Asheville, N. C., December 18, 1916. Covers were laid for 60. Dr. Chas. L. Minor, the retiring president, was toastmaster and the chief disquisition of the evening was from Dr. Paul Ringer who entertained and instructed all present with the theme of "St. Luke, the Physician." Dr. E. C. Register, Charlotte, N. C., was the guest of honor.

Officers elected for 1916 as follows:

President—Dr. G. S. Tennent.

Vice-President—Dr. Joseph B. Greene.

Secretary—Treasurer—Dr. Chas. Hartwell Cocke.

Delegates: Drs. W. J. Hunnicutt, Clyde E. Cotten, and Paul Ringer—all of Asheville, N. C.

Dr. Lee Walton Verdery of Augusta, Ga., a graduate of the Medical Department of the University of Georgia, Augusta, in 1911, died suddenly at Fort San Houston, Tex., on October 29, aged 28 years. Dr. Verdery was a lieutenant in the hospital corps of the United States Army.

The death of this young professional gentlemen, under these circumstances, serving his country faithfully as he was, is particularly sad. He had a bright future. Professionally he was accomplished, and his death is a loss not only to the medical profession of this country, but to those whom he had prepared himself to serve.

The Southside Virginia Medical Association held its last quarterly meeting of 1916 in Petersburg December 12th. Dr. H. A. Burke of that city, presiding. After the reading of several papers, officers were elected for the ensuing years as follows: President, Dr. Joel Crawford, Yale; vice-presidents, Drs. F. J. Wright, Petersburg; James H. Hargrave, Hopewell; Edgar W. Young, McKenney; secretary-treasurer, Dr. E. F. Reese (re-elected), Courtland; executive committee, Drs. J. Bolling Jones and J. M. Williams, Petersburg, and Dr. R. L. Raiford, Sedley. Following the meeting a banquet was held, after which the association adjourned to meet on the second Tuesday in March, at Hopewell.

The Richmond Academy of Medicine and Surgery held its regular meeting on December 12th with more than one hun-

dred members present. Doctors W. L. Peple, McGuire, Newton and A. L. Gray read very interesting papers. After this the annual reports of the secretary and treasurer were submitted and the annual election of officers was held. The following are the officers elected for the coming year: President, Dr. Greer Baughman; vice-presidents, Drs. C. C. Coleman, W. R. Weisiger, M. E. Nuckols; secretary, Dr. M. W. Peyser, (re-elected for the twenty-fourth consecutive time); assistant secretary, Dr. E. H. Terrell; treasurer, Dr. James H. Smith; librarian, Dr. G. P. LaRoque; judiciary committee, Drs. C. M. Miller, H. H. Levy, M. D. Hoge, Jr., A. L. Gray, McGuire Newton and Robert C. Bryan.

The Charleston, S. C., Medical Society Meeting—This means the Charleston meeting, and not the South Carolina meetin—was held on December 12th, and the following officers were elected for the incoming year: Dr. H. P. Wagener, secretary; Dr. D. L. Maguire, treasurer and Dr. E. G. Cain, librarian. Dr. Wagener succeeds Dr. Albert Nathan as secretary. Informal speeches were made by numbers of the members at the banquet. It seems it has been the custom of the society to hold its annual meetings in Charleston ever since its organization. The guests of the Society were: Dr. W. P. Chase of Boston, Dr. John C. Parham and Dr. Will M. Garton of the U. S. Navy. Dr. Charles W. Kollock was elected a new member of the Ropewell Hospital Commission, and Dr. A. Johnston Buist and Dr. E. C. Baynard were elected on the Roper Hospital Fund Commission.

The North Carolina Medical Society Meeting—The next meeting of the North Carolina Medical Society will take place in Asheville, N. C. on April 17, 18 and 19, 1917. It is expected that this meeting will be the best in the history of this Association. Asheville is a delightful place to visit, either in winter or summer, and the well known "Battery Park Hotel" will be headquarters for the meeting, and will be the stopping place. I do not suppose there is a hotel anywhere in this country, and certainly not anywhere in any other country, that is any better or more comfortable than the Battery Park Hotel in Asheville, N. C.

At a recent meeting of the Pi Mu Medical Fraternity, held in Charlottsville, Va., Dr. P. V. Anderson of West Brook Sanatorium was elected Senior Councilor; Dr. A. M. Willis of Johnson

Willis Sanatorium was elected Treasurer; Dr. Greer Baughman was elected editor of Publications; Dr. P. W. Howle, visiting delegate. Other officers elected were as follows: Dr. Hugh Young, Balto., Vice Councilor; Dr. J. A. Kirk, Louisville, Ky., Jr. Councilor, Dr. W. B. Blanton, New York, Gen., Sec.; Dr. R. A. Webb, Jr., J. H. U. Medical School, Assistant Gen. Sec.; Dr. J. A. Waddill, University of Virginia, Historian; Dr. E. D. Plass, J. H. Hospital, Chairman Extension Committee.

Dr. Joel Whittaker, Raleigh, N. C., who was seriously injured in Indianapolis by an automobile wreck several weeks since, will not be able to resume his practice January 1st as expected. A faulty union of the leg bone necessitated its re-breaking recently.

Dr. Henry Rolph Dupuy, one of the most prominent physicians of Norfolk, Va., died at his home in that city December 11th after an illness of several weeks. He was born in that city about 71 years ago. He was for several years health officer of Norfolk. His medical education was received at Louisville, Ky., the Louisville Medical College, from which he graduated in 1874.

He was an active member of his county, State and national associations, and was a valuable member of each of these associations to which he belonged.

The Wake County Medical Society held a banquet in Raleigh, N. C., December 14, 1916, at which the following officers were elected for 1917:

President—Dr. Charles B. Wilkerson, Apex.

Vice-President—Dr. J. L. Moore, Wendell.

Secretary-Treasurer—Dr. R. P. Noble, Raleigh.

Member Board of Censors, 3 years—Dr. E. C. Judd, Raleigh.

Dr. Ben K. Hays, secretary North Carolina State Medical Society, was present, the guest of honor, and addressed the society on "American Idealism: The Doctor's Part."

In Columbia, South Carolina, on December 5th, the State Board of Medical Examiners made report of the recent examination to obtain medical licenses for the practice of medicine and surgery in the State of South Carolina. The following passed the required examination and received their licenses:

George Benet, Boston, Mass., Harvard Medical College, 1913.

A. S. Blanchard, Williston, Medicinal Department University of Georgia, 1914.

H. M. Daniel, Anderson, Atlanta Medical College, 1916.

D. J. Dixon, Barnwell, Howard Medical College, 1916.

R. H. Howard, Boykin, Meharry Medical College, 1916.

A. L. Lewis, Piedmont, University of Maryland, 1915.

C. J. Scurry, Cross Hill, Atlanta Medical College, 1916.

F. T. Simpson, Westminster, University of Maryland, 1909.

R. D. Summer, Rock Hill, Medico-Chir., College, 1915.

Osteopaths: L. E. Johnson, Greenville, American School of Osteopathy, 1916.

Dr. John Savely Cain, Sewanee, Tenn., died recently. He graduated at the University of Nashville, Tenn., 1853. At the time of his death he was eighty-four years old. He was one of the founders and dean of and for many years professor of the Medical Department of the University of the South at Sewanee. He was the first student to matriculate in gynecology in his alma mater. He was brigade surgeon in the Confederate service throughout the Civil War, and was once the president of the Association of Surgeons of the Army and Navy of the Confederacy. He lived an honorable life both professionally and morally. His professional life is a fine example of a great professional gentleman and it would be useful to any young medical professional gentleman to study his life and his career. It was beautiful and would be well for any young man of medical profession to study and imitate him.

Dr. Arthur S. Townsend of Bennettsville, S. C., a graduate of the Medical College of the State of South Carolina, Charleston, in 1887, and a member of the South Carolina Medical Association and the Marlboro County Medical Society, died at his home on November 12, aged 53 years.

Dr. Townsend was a highly respected gentleman in his community. He was a successful practitioner, and commanded the confidence and esteem of the people among whom he lived for so many years. He joined the Tri State Medical Association of the Carolinas and Virginia in 1912, and attended the meetings of that Association with perfect regularity, and up to the time of his death, he was not only an enthusiastic member of his county and state organizations, but was a valuable member of the Tri State

Medical Association, and was also a member of the National Medical Association.

The medical profession of the community lost a valuable member when Dr. Townsend passed away.

The Southern Medical Association.—The Southern Medical Association held recently in Atlanta, was attended very largely by the Physicians and Surgeons in North Carolina. We had registered from this State 102 physicians and surgeons.

Dr. F. Webb Griffith of Asheville, N. C. was elected Chairman of the Section of Surgery. No better choice could have been made. Dr. L. W. Elias, also of Asheville, was elected Chairman of Pediatrics. The election of Dr. Elias was very proper. He possesses the ability and special training that fits him admirably to fill this position.

Dr. L. B. McBrayer, of Sanatorium, N. C. was elected Chairman of the Section of Public Health. This was certainly a wise and happy choice. Dr. McBrayer has become nationally known on subjects pertaining to public health. He is doing a fine work and one that should be appreciated by the medical profession of this State, and really in every other state in this country.

Transactions of the Thirty-Eighth Annual Meeting of the American Laryngological Association held at Washington, D. C., May 9th, 10th and 11th, 1916. New York. Published by the Association, 1916.

The officers of this association are as follows: G. Hudson Makuen, M. D., president; J. Gordon Wilson, M. D., first vice-president; Christian R. Holmes, M. D., second vice-president; Harmon Smith, M. D., secretary; J. Payson Clark, M. D., treasurer; Joseph H. Bryan, M. D., librarian; Council, the above ex-officio and Herbert S. Birkett, M. D., Montreal, Canada; George A. Leland, M. D., Boston, Mass.; Thomas Hubbard, M. D., Toledo, Ohio; Alexander MacCoy, M. D., Philadelphia, Pa.

It always gives me pleasure to review these annual transactions. I have been doing this for twenty-six years, and I never fail to find many very valuable papers published in it. Any specialists along this line, doing this kind of work, is certainly remiss in his professional duties if he does not have these valuable volumes to refer to. I do not know whether they are for sale or not, but they are certainly valuable. This volume of 1916 contains 326 pages, and they have

many very interesting and valuable cuts which adds a great deal to the value of the volume. It is very appropriately indexed.

The Fifth District Medical Society of South Carolina met in Rock Hill, S. C. on December 16th. The membership of this Society embraces the counties of York, Cherokee, Chester, Fairfield, Shaw and Lancaster. This meeting was the most interesting and successful one. It was in session through the day and the major part of the evening. This Society represents all the counties in this District and nine-tenths of the members were present. The meeting was not only well attended but was one of the most instructive in the meetings of the organization. Through the courtesy of the lodge of Elks, the meeting was held in the Elks Club room and a vote of thanks was tendered the members for this courtesy. Dr. C. A. Mobley, president of the Local Medical Society, welcomed the visitors in behalf of the physicians while Dr. W. G. Stevens welcomed them in behalf of the City. Dr. E. W. Pressley of Clover responded in a very happy and very intelligent way.

The programme was a long one and very intelligently selected and was very fully carried out. South Carolina has a very happy and intelligent way of making the medical members in that state come up to the very high standard of its medical profession. The programme was carried out fully and Dr. C. B. Earl who was president of the Society; Dr. M. H. Wyman of Columbia and Dr. L. N. Glenn of Gastonia were visiting physicians on the programme. They responded at the banquet willingly and extremely intelligently. They made many remarks that were valuable and much appreciated.

The Eighth District Medical Society of North Carolina met in Greensboro on November 29th and a very interesting meeting was held. They had a very fine program. Possibly this District Medical Society is one of the best if not the best in North Carolina.

Dr. C. W. Banner of Greensboro was president, and Dr. Jarboe of that city was secretary. One of the prominent features of the program was a moving picture clinic. On Tuesday morning 8 to 10:30 a clinic at St. Leo's Hospital by Doctors J. W. Long and J. A. Williams was held.

Dr. Albee of New York City in his latest methods of bone grafting and other leading surgeons and clinicians, in their several specialties made speeches.

At two o'clock the Mayor of Greensboro, Mr. Murphy made an address of welcome, which was very well received. Dr. Royal of Elkin presented some very typical and interesting cases of mal-nutrition. Doctor Charles Roberson of Greensboro took a prominent part in the exhibition of cases. Dr. Mann of High Point was also a prominent member of the society. Papers were read by the following gentlemen:

Dr. L. H. Hill of Germantown, "Some Reminiscences of a Country Doctor;" Dr. W. P. Horton of Wilkesboro, "Does Pyorrhoea Cause Pellagra?"

Dr. T. W. Davis of Winston-Salem, "Clinical Report of an Interesting Cure With X-ray Picture of Same;" Doctors H. H. Dodson and John A. Williams, "The Wasserman Reaction in its Relation to Internal Medicine." Dr. F. M. Hanes of Winston-Salem, "Some Unusual Migrations of Mosquito Pupae."

There was a public session held at the court house at 7.30. Lantern demonstrations of some cancerous conditions by Dr. J. W. Long, Greensboro; Dr. C. W. Stiles, of U. S. Public Health, of Wilmington, N. C., was present.

Dr. C. W. Hunt of Brevard, N. C. has written an editorial news item to the Charlotte Medical Journal as follows:
Dear Doctor Register:

At the December meeting of the Transylvania County Medical Society, Dr. W. J. Wallis, was elected President, Dr. C. W. Hunt, Vice-President, Dr. T. J. Summey, Secretary.

The society passed resolutions requesting our Representative, to present a bill for the repeal of the special license tax on physicians in this state. Passed resolutions to request you through your journal, to reach all of the Doctors in the state requesting them to get their Representatives to co-operate with ours.

The question was discussed, could a physician ethically put a card in the county news paper, stating location of office, office hours, and a speciality if any.

This question was answered in the affirmative.

Resolutions passed requesting you through your journal, to ventilate the question and to obtain the opinion of The State Medical Society.

Our society took the view that four doctors in a small town could each do his general practice and through office work co-operate with each other, much to the benefit of the doctors and people. "Dr. A. has opened an office at Office hours while continuing to do a general practice, in his office work he

will pay special attention to"

Please give this letter any attention that you may think the matter deserves, and accept my thanks for the many favors shown me in the past and allow me to express the hope that you and yours will have a merry Xmas and a Happy New Year.

Sincerely Yours,

C. W. Hunt, M. D.

The above letter is regarded as of sufficient importance and value to reproduce it in full, as we have.

On the evening of December 12th the Mecklenburg County Medical Society was the guest of Dr. E. C. Register in his elegant new offices on North Tryon Street. Many of the Doctors of the city and county had not seen these new offices of Dr. Register and all expressed themselves as delighted with the splendid appointments and arrangement.

The meeting was held in the large reception room and it was eminently fitting that a scientific session should be held here surrounded by a library, very largely medical, of something like ten thousand volumes—probably the largest private library in the state.

The scientific program was opened by Dr. Wm. Allan with a paper on "Abscesses of the Liver" in which the literature on the subject was reviewed, the best plan of treatment discussed, and several cases of amoebic abscess that had recently come under his observation reported. After a discussion of this paper the second paper was called and Dr. J. H. Caldwell responded with a splendid paper of historical nature on "The Origin of Medicine." The paper showed much work, was replete with wit and matter of interest. The birth of medicine was traced to prehistoric time and some of the old medical procedures and ideas were presented. In the discussion of the paper the doctor was heartily congratulated and complimented on his work.

This being the yearly meeting the following officers were elected: Dr. J. P. Matheson, President; Dr. Layton Hovis, first vice-president; Dr. L. W. Hunter, second vice-president; and Dr. Otho B. Ross was re-elected secretary. Delegates to the State Convention are Drs. Leinbach, R. C. Query and Oren Moore; alternates, Dr. Layton Hovis, Jno. R. Ashe, and J. W. Squires. Dr. Wm. Allan was chosen member of censor board of the society. After this a social hour was spent in these beautifully furnished offices, during which all enjoyed partaking of a luncheon that Dr. Register had prepared.

The Mecklenburg County Medical Society is always well attended, as was shown by the secretary's report, but this was one of the largest meetings in the history of the Society and the members were all delighted at the departing from their regular program and place of meeting and are under many obligations to Dr. Register for his courtesies.

S. R. Thompson.

The Meriwether Hospital, Asheville, N. C.—It certainly gave me a great deal of pleasure to look over this magnificent plant about two weeks ago. I regard it as one of the most modern and up-to-date institutions of its kind in this section of the country. It is thoroughly equipped in every respect.

Its architecture is as modern as it can be, with the spacious rooms, as well arranged as any I have ever seen, and it has been my pleasure to visit the best in the world. They are equipped with everything that make operating rooms complete. The rooms are well lighted, well arranged, and almost all of them have private baths and many have private sitting rooms. The furnishings are ideal. We do not find here the old stereotyped high enamelled bedsteads but the furnishings are those of a modern hotel.

The frontispiece of the beautiful booklet they printed a month or two ago, gives a splendid likeness of the late Dr. Frank Tryon Meriwether, who was born in 1865 and died in 1913. This booklet gives a complimentary and very attractive short history or sketch of Dr. Meriwether, whose career was certainly very successful. The booklet also contains some very fine views, not only of the hospital but of the grounds and environments. It would be interesting to anyone to look over it and admire it.

Its location could not be more attractive or beautiful. It also contains views of the different operating rooms, the examining rooms, bed rooms, etc., and quotes the prices or charges for services.

To anyone who is interested in a training school for nurses, or anyone who is interested in hospital management, or interested in cases requiring operations, would be benefited by writing to this Institution for one of these beautiful and attractive booklets.

The officers of the Association or hospital are as follows:

Officers.

C. P. Ambler, M. D., Dean; E. B. Glenn, M. D., Vice-Dean; W. J. Hunnicutt, M. D., Secretary; D. L. Meriwether, Business Manager; N. F. Pitts, Superin-

tendent.

Medicine: C. P. Ambler, M. D.; M. L. Stevens, M. D.; A. F. Reeves, M. D.; C. E. Cotton, M. D.

Surgery: Eugene B. Glenn, M. D.; F. Webb Griffith, M. D.

Neurology: R. S. Carroll, M. D.

Dermatology: C. W. Brownson, M. D.

Gastroenterology: A. W. Calloway, M. D.

Pediatrics: L. W. Elias, M. D.

G. U. and Rectal Diseases: P. R. Terry, M. D.

Ear, Eye Nose and Throat: E. Reid Russell, M. D.; J. B. Greene, M. D.; R. G. Buckner, M. D.

Anesthetics: W. J. Hunnicutt, M. D.

Seaboard Medical Association—The twenty-first annual meeting of this useful medical organization of Eastern Carolina and Virginia doctors, was held in Washington, N. C., December 19-21, 1916, under the presidency of Dr. D. T. Tayloe, the well known surgeon of that attractive Eastern Carolina city. The president's address, "The Struggles and successes of Surgery," was well conceived and elicited much favorable comment.

A number of excellent papers were presented evoking, almost without exception, lively discussions. Of special note may be mentioned the following papers:

Pneumonia—Dr. J. L. Spruill, Columbia, N. C.

Post-Operative Adhesions—Dr. P. St. L. Moncre, Norfolk, Va.

Bone Surgery, Dr. Joseph T. Buxton, Newport News, Va.

Intensive Treatment of Syphilis—Dr. T. V. Williamson, Norfolk, Va.

Polio-Myelitis—Dr. L. T. Royster, Norfolk, Va.

Dacro-Cystitis—Dr. H. W. Carter, Washington, N. C.

Race Betterment—Dr. C. B. McNairy, Kinston, N. C.

Earlier Diagnosis of Tuberculosis—Dr. J. Howell Way, Waynesville, N. C.

Tuberculosis—Dr. Charles R. Grandy, Norfolk, Va.

A public health session, attended largely by an audience of Washington's intelligent men and women, was an interesting feature of Wednesday evening. Health talks were made by Dr. C. R. Grandy, Norfolk, Va.; Dr. Smith of the U. S. P. H. Service, and Drs. J. Howell Way, Cyrus Thompson, and Charles O'H. Laughinghouse of the North Carolina State Board of Health.

Dr. Tayloe as presiding officer was at his best, and though surrounded with the disadvantages inherent on the busy doctor who presides over a three days' meet-

ing of a medical society in his home city, he called the sessions on time, and kept business moving rapidly.

The discussions were quick, apt, and always to the point, more than one of experience in the larger national societies, commenting on the spirited nature of the comments following the various papers.

The social features were delightful, a smoker Tuesday evening, an elaborate banquet following the public health meeting on Wednesday evening, and private dinners, all having the fine flavor of Eastern Carolina hospitality gave every doctor a most charming visit with desire to come again.

The banquet at the Hotel Louisa with covers for 100 guests was to the older of Carolina doctors a gentle reminder of some of the annual dinners of the N. C. State Medical Society, in the years of a past era, repeating in the lavishness of its completeness in every detail of the elaborate menu, with ample solids, liquids and gases, for the entertaining of the guests, the banquets given in Fayetteville in 1888 or Charlotte in 1887 and 1906.

Norfolk, Va., was selected for the 1917 meeting.

The following officers were elected:

President—Dr. Kirkland Ruffin, Norfolk, Va.

First Vice-President—Dr. Joseph L. Spruill, Columbia, N. C.

Second Vice-President—Dr. R. L. Payne, Jr., Norfolk, Va.

Third Vice-President—Dr. Ira M. Hardy, Kingston, N. C.

Fourth Vice-President—Dr. R. L. Railroad, Sedley, Va.

Secretary—Dr. Clarence Porter Jones, Newport News, Va.

Treasurer—Dr. George A. Caton, New Bern, N. C.

George Ben Johnston.—In the death of Dr. George Ben Johnston occurring at Richmond, Va., December 20, 1916, the South loses one of its most widely known surgeons, and the Old Dominion one of its most valued and useful citizens. Born in Tazewell, Va., July 25, 1853, of distinguished ancestry, his early life was passed in the lap of the gentle environs of the best society afforded in Virginia giving him that gracious and graceful poise, and elegance of manner which with his strikingly handsome form and features, made him a marked figure in every gathering of men. He studied at the University of Virginia, and received his degree of M. D. from the University Medical College in New York in 1876. In 1879 St. Francis Xavier College of

New York conferred the degree of LL.D. upon him.

In 1884 he became Professor of Anatomy in the Medical College of Virginia and remained identified with this fine old institution of medicine and alma mater of Southern doctors until his death. After a few years service in the chair of Anatomy he was transferred to the chair of Principle and Practice of Surgery, and later to that of Clinical Surgery, a position he continued to hold with honor alike to himself, and the institution after its amalgamation with the University College of Medicine in Richmond a few years since.

Recognized for many years as a surgeon of rare competency, possessed of most attractive personal qualities, George Ben Johnston, as he was most often spoken of by his many admiring friends, controlled for nearly or quite three decades, one of the largest surgical practices enjoyed by any surgeon in the entire South. Other surgeons possibly operated with equal, if not greater dexterity and rapidity, others were more ingenious in devising of surgical procedure, but none had patients who placed more confidence in their surgeon's skill than did the clientele of this most gracious and kindly of men, and certainly no doctor ever possessed the minds, souls, and bodies of his patients to a greater degree than did he. To say his patients loved him, but feebly expressed the sentiment cherished for him by thousands of grateful and idolatrous patients.

Dr. Johnston was a frequent contributor to the periodic literature of the profession and wrote a few articles for medical journals each year of his active professional life.

In medical societies he was ever active, a regular attendant at many, and the recipient of merited honors without stint from his confreres. He was an active member of Virginia Medical Society for many years, being its President a few years ago, and elected an Honorary Fellow of the same. He was a charter member of the Southern Surgical and Gynaecological Association and its President. When the Tri-State Medical Association of the Carolinas and Virginia was organized he was a charter member and contributed much to its success. An active member of the American Medical Association, a member of the American Surgical Association, and its President, a member of the American Association of Obstetricians and Gynaecologists, Honorary member of the South Carolina State Medical Association, Honorary Member of the International Surgical

Society, a founder of the Am. College of Surgeons, an active member of the Sons of the Revolution, and of the Society of the Cincinnati, and many other organizations, his was a personal life that appealed to every one he was associated with, and invitations innumerable which he could not accept often came to him in his busy career. He organized the Johnston-Willis Sanitarium in Richmond, and his surgical skill and reputation soon acquired for it an enviable reputation. He was consulting surgeon to various hospitals, and his life a busy round of activities helpful to humanity and honorable to himself. He married in 1892 Miss Helen Rutherford of Virginia who survives him.

W.

Special Notice to Physicians, Dentists, Nurses and Hospitals.—Beginning with January 1, 1917, the Campho-Phenique Company by special request, is placing on the market, a 25 cent package of Campho-Phenique Powder. A liberal package put up in neat sifter top can, for Physicians, Dentists, Nurses and Hospitals. Your valued order invited.

Campho-Phenique Pwd. 25 cent size, sifter top can at \$2.00 per dozen.

Campho-Phenique Pwd. 75 cent net 1-oz. sifter top can at \$6.00 per dozen.

Campho-Phenique Pwd. 1-lb. can, Hospital size, net \$5.50.

Respectfully yours,
Campho-Phenique Company,
500 North Second St.,
St. Louis, Mo.

BOOK NOTICES.

Diseases of The Nervous System, by John Eastman Wilson, A. B., M. D. Professor of Diseases of the Nervous System in the New York Homeopathic Medical College and Flower Hospital; Consulting Neurologist to the Middletown State Homeopathic Hospital, Middletown, N. Y.; Neurologist to the Flower Hospital, Yonkers Homeopathic Hospital and Maternity; Laura Franklin Free Hospital for children in the city of New York, and St. Mary's Hospital, Passaic, N. J. Second Edition. Boericke & Tafel, 1916. Price, \$6.00

It has been my pleasure to review the first and second edition of this very valuable book. I do not think that we ought to take in consideration anything except merit when reviewing a very important book of this kind. Looking at it

from this standpoint, I recommend it unhesitatingly. It contains a great many valuable ideas about Nervous Diseases, and any one who is interested in the subject of Nervous Diseases ought to have this book for consultation. It is complete in every respect, and because it is written by a Homeopathic physician, ought not to depreciate it in any way, really ought to commend it. It contains 682 pages and is beautifully and appropriately indexed.

Dr. Wilson's style of writing is very interesting. He presents his arguments in a very logical style. It certainly gives me a great deal of pleasure to recommend this book, and I never will have any apologies to make about it.

The Practical Medicine Series, comprising ten volumes, in the years progress in Medicine and Surgery. Under the general editorial charge of Charles A. Mix A. M., M. D. Professor of Physical Diagnosis in the Northwestern University Medical School. Volume 8—*Materia Medica and Therapeutics*, edited by George F. Butler Ph. D., A. M., M. D., Emeritus Professor of Therapeutics, Chicago College of Medicine and Surgery, Chicago, Ill. *Preventive Medicine*, edited by Wm. A. Evans, M. S., M. D., L. L. D., Ph. D., Professor of Preventive Medicine, Northwestern University Medical School, Series 1916, Price \$1.50. The Year Book Publishers, Chicago, Ill.

It always gives me pleasure to review one of these books. The Practical Medicine Series, under the general editorial management of Dr. Charles A. Mix. It is useless for me to repeatedly and repeatedly recommend these beautiful little volumes. This volume deals with Therapeutics and Preventive Medicine. It is thoroughly up-to-date. When writing papers or when I wish to consult some volume that is up-to-date on some particular point in medicine, I invariably resort to the appropriate volume of this series. Volume 8 contains 382 pages, very accurately and appropriately indexed. The volume is beautiful, and it gives me pleasure to recommend it.

Personal Health, by William Brady, M. D., Elmira, N. Y., 12 mo. of 407 pages. Philadelphia and London, W. B. Saunders Co., 1916 Cloth, \$1.50 net.

Dr. Brady is so well known to the medical profession, that it is scarcely necessary to comment on his valuable contributions to the world of medical science. His articles for the past fifteen years, written for the medical profession

are very well known, and have proven of so much benefit, that it would be useless to refer to this book, only from a standpoint of praise. It deals with a subject of such practical information, that it may possibly be considered under the head of personal health, presented in a form that can readily be understood by the lay reader and the general public more especially concerned with sanitation and public health.

We note his timely expression that personal health is a subject of far greater importance than public health; farther, he states that personal health is a sadly neglected subject in the popular literature of today.

It has given me a great deal of pleasure to look over this volume. It is small—only having 407 pages, including the index. It is an attractive volume and well worth the price that Saunders and Co., charge for it. It gives me pleasure to recommend it to the readers of this magazine. It has been quite a while since I examined a book with more approval than I have this one.

Homoeopathic Therapeutics in Ophthalmology by John L. Moffat, B. S., M. D., O. et A. Chir. President, 1902, Homoeopathic Medical Society of the State of New York; Vice-President, 1905 and 1908, American Homoeopathic Ophthalmological, Otological and Laryngological Society; Ophthalmic Surgeon, 1894-1911, Cumberland Street Hospital, New York; Contributor to the American Encyclopedia and Dictionary of Aphthmology. Philadelphia, Boericke & Tafel, 1916. Price, \$1.25.

I have read over this small volume with a great deal of interest. From a Homoeopathic standpoint, it is very valuable, and looking at it from an Allopathic standpoint, it is a valuable volume. It will be beneficial for any general practitioner to read and study this little book. It contains 166 pages, and is very appropriately indexed. There are a great many things in Homoeopathy that it would not be a miss for the general practitioner in the Allopathic school to be familiar with.

The Rockefeller Foundation Annual Report, 1915. The Rockefeller Foundation, 61 Broadway, New York.

This volume has considerable value. It has 377 pages. The book would be a great deal more interesting and appreciated if it was properly bound.

To send out a volume of this kind, bound in rather cheap, course paper, does

not make a favorable impression upon the book buyer, although it has a great many valuable illustrations in it and valuable matter in it. It would be very much more appreciated, however, by the profession if its architectural style was improved on some.

International Clinics, a Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otolaryngology, Rhinology, Laryngology, Hygiene, and other Topics of interest to students and practitioners by leading members of the Medical Profession throughout the world. Edited by H. R. M. Landis, M. D., Philadelphia, U. S. A., with the collaboration of Chas. H. Mayo, M. D., Rochester; Sir Wm. Osler, Bart., M. D., F. R. S., Oxford; Rupert Blue, M. D., D. P. H., Washington, D. C.; A. McPhedran, M. D., Toronto; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Richard Kretz, M. D., Vienna, with correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Geneva. Volume IV. Twenty-Sixth Series, 1916. Philadelphia and London. J. B. Lippincott Company.

As I have said repeatedly and repeatedly it gives me always a great deal of pleasure to say something complimentary about these volumes that come out every three months from Lippincott Company. Further, it might not be a miss for me to say that this is the greatest Medical Publishing House in the world, and I advise my readers to always bear in mind this statement. While it always gives me pleasure to receive good books in this office to read and review, I believe there is no other Publishing House in the world who sends out a better class of books than this house.

Miscellaneous.

It is not true, although the statement is sometimes made by a not well informed druggist, that Russian oil is not obtainable. It is a fact, which there is every reason to assert has been established therapeutically as well as clinically, that Russian oil, as an intestinal lubricant, is superior to American oil. Like everything else in this world, there

is a reason. Russian oil is high priced, but it can be obtained and has been obtained, with exception of a short period, by McKESSON & ROBBINS and used by them in their ALBOLENE preparations.

Russian oil is free from paraffin. There seems to be no reason why wax, for that is what paraffin is, should be put into the human intestinal canal. There have been a number of cases reported in which the use of paraffin oil has been decidedly unsatisfactory.

Russian oil is homogeneous, which American oil, as a rule is not. Being homogeneous, Russian oil has developed to a very high degree, the real essential properties which are necessary for intestinal lubricating agents, properties of Spread, Mix and Penetration. It is not a question of high specific gravity; mercury, for example, is of high specific gravity, but of no lubricating value. Molasses has high viscosity, but would not be chosen for lubricating purposes.

The oil which will work its way into hardened masses of fecal material, which will mix easily and thoroughly with such abnormally dry and hard bowel contents, and which at the same time will spread itself, not only over the surface of fecal masses, but over the intestinal mucosa, and the ideal lubricating oil for intestinal use, is LIQUID ALBOLENE, which, by the way, has been made and marketed for intestinal lubrication for over fifteen years.

It matters little whether the case is one of stasis, of post-operative dyschezia, of temporary constipation following continued fever, of the constipation of pregnancy, childhood, or old age, wherever and whenever—be the cause what it may—there is difficulty upon the part of the bowel to perform its function normally and satisfactorily, due to deficiency in lubricating material, LIQUID ALBOLENE can be used, provided it is intelligently and carefully used, with every reason to expect results.

But let it be noted that LIQUID ALBOLENE is like morphine, or quinine, or arsenic, or strychnine, or any other drug in one respect—it must be intelligently used, prescribed with due attention to the result to be obtained, and adjustment of the dose to each individual case, in order to prove efficient and effective.

Useless and Useful Antidotes for Mercuric Chloride Poisoning.

Dr. Bernard Fantus, professor of pharmacology and therapeutics in the medical department of the University of

Illinois, has been conducting an interesting series of experiments upon rabbits to determine the value or lack of value of a large number of so-called antidotes for mercuric-chloride poisoning. These are reported in the Journal of Laboratory and Clinical Medicine for September. He uncovered some interesting facts; for instance, milk and serum albumin are worthless, and egg albumen of little value unless given immediately after the poison is swallowed. Hall's potassium iodide and quinine mixture is worthless; so are sodium carbonate, potassium bitartrate, and sodium sulphate. Sodium bicarbonate and sodium acetate have slight antidotal value, and calcium sulphide is too toxic when used in sufficient dosage. Sodium phosphite and sodium hypophosphite are of some value when used alone, but when mixed with sodium acetate are shown to have very remarkable antidotal efficiency, even when given some time after the poison is swallowed.

Summing up the whole matter, Prof. Fantus shows that the antidotes of greatest value are Carter's Antidote, a mixture of sodium phosphite and sodium acetate, and a preparation which he himself recommends, consisting of sodium hypophosphite, hydrogen peroxide, and water. Carter's Antidote is available in tablet form; the hypophosphite-peroxide mixture must be mixed prior to using and care must be taken not to use too much of the peroxide, since this impairs its efficiency.

As a result of his studies, Prof. Fantus recommends the following antidotal treatment for mercuric-chloride poisoning: (1) The immediate administration of Carter's Antidote. (2) If this is not available, Fantus would give a mixture of sodium hypophosphite, 1 Gm., water, 10 mls. and hydrogen peroxide, 5 mls.

This study affords a remarkable demonstration of the value of Carter's Antidote, devised by Dr. Thomas A. Carter, of Chicago, and which was placed upon the market some two years ago by The Abbott Laboratories of Chicago, who now supply it. This antidote, whose efficiency has been demonstrated by clinical trial (Doctor Carter has treated 74 cases of mercuric-chloride poisoning, with only four deaths) as well as by animal experiments should be kept on hand by every physician and every druggist ready for the emergency which comes to every practitioner and druggist sooner or later. Of demonstrated efficiency, and in tablet form, it is available for immediate use, and we advise everyone interested to lay in a supply.

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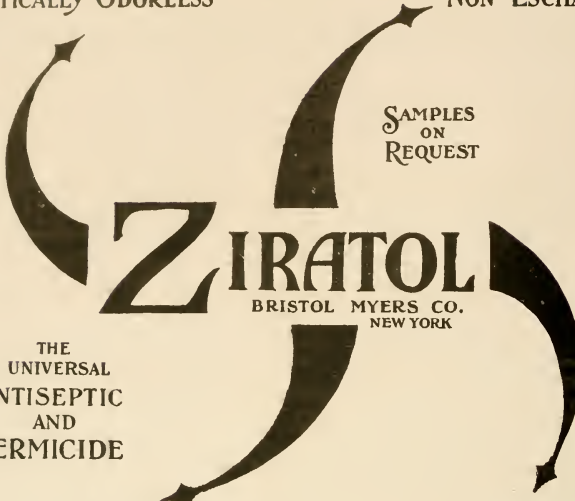
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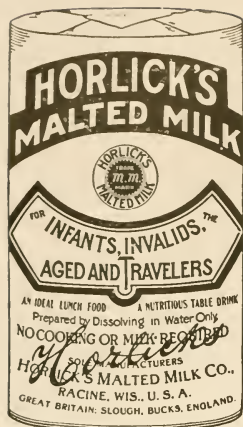
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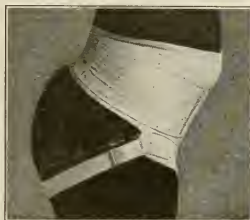
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MODERN VIEWS ON BONE GRAFTING.

By Drs. D. W. and Ernest S. Bulluck, Wilmington, N. C.

For the past few years the procedure of bone grafting has been diligently studied and enthusiastically practiced. The report of this work has produced a wealth of literature. The diversity of opinion expressed, shows how different may be the opinions drawn from similar experiments. This new phase of surgery has however developed to a stage where the weight of authority and experience, seems to rest upon certain fundamental principles which will act as the basis for the future development of this work.

Heteroplastic grafts of ivory, horn or silver were first employed and under certain conditions gave favorable results. That such non-absorbable material may be retained in the body and become incapsulated, is shown by the occurrence of this process with Lane's bone plates. Such material however has been discarded because of its inferiority. Animal grafts taken from the dog or ox are better than silver or ivory, because they are absorbable; but the difference in the species introduces problems relative to the effect of foreign serum upon the body. The serological relation being more harmonious the closer are the species. Bone from a brother is more acceptable to the body than when obtained from a cousin or stranger. The natural tendency toward bone introduced from other persons or animals, is towards dissolution and absorption.

In autoplasmic grafting the bone is removed from some uneffected part of the patient into whom it is to be used. This prevents antagonistic serum reactions, insures fresh material for the graft, and puts the burden of furnishing it upon the one who is to be benefited. These grafts have more vital potentialities and offer more hope for successful transplantation than does any other material.

While certain operations are favored by particular grafts, the usual source of material is from the tibia or fibula. When the tibia is used the graft should be obtained from its inner surface and not from the crest of the bone; as this is the strongest part and its removal will unduly weaken the remaining bone. Further this part of the bone regenerates most slowly, thus prolonging the dis-

ability of the limb. While plates of bone are best obtained from the tibia a long piece of bone is best replaced by the fibula. This bone may be entirely removed without affecting the usefulness of the leg.

To correct certain defects, such as the rebuilding of the nose from the sternum and its overlying tissues, grafts are made with a temporary pedicle; which is severed from its source after the circulation has become re-established. Particularly is this necessary where the transplants consist of bone with skin and muscle attached. For the soft tissues will die before their circulation can be re-established. In other instances such as long bones with a space between their ends, the graft may have a permanent pedicle. These grafts are made by incising a sheet of bone from one of the ends and bending it toward the other bone where it is attached—the periosteum acting as the pedicle. Grafts with temporary or permanent pedicles have a greater chance to live, as their circulation is continued from the source until it has been formed with the parts to which it has been approximated.

Opinion has changed regarding the result of the graft should it become infected. It is now believed that while necrosis or sequestration generally follows infection, there are many instances in which bone surrounded by pus has lived, and other in abscesses that had to be incised, have not been totally destroyed. Sinuses sometimes follow implants and frequently heal without necrosis of the graft. If the infection is introduced at the time of the graft it is more likely to cause its death, than if the infection had previously existed in the affected bone. For in that instance the virulence of the organism has become attenuated and the resistance of the tissues has been established. Bones should not be grafted until an accompanying sinus has been healed at least four weeks. This lessens the chance of exciting to renewed activity any latent infection that still may exist in the parts worked upon.

Success in bone grafting depends largely upon absolute asepsis. Nothing touched by hands should enter the wound. Instruments should be used one time and laid aside until they are sterilized before using again. The knife with which the skin is incised is discarded for

the rest of the operation and the edges of the cut skin are painted with tincture of iodine. A sterile towel is clamped to the edges of the wound to prevent its infection from the surface of the skin. The vessels should remain clamped until they cease bleeding, this avoids the necessity of ligatures. As some oozing is apt to follow the removal of a tourniquet, it is advisable not to use it. Accumulations of blood or serum prevent the attachments of the graft to the surrounding tissue and will cause its death. Where sutures are needed kangaroo tendon or chromic gut are used. The wound is not drained as this favors infection. It is not necessary to entirely correct the conditions for which the grafts are made. The growth of bone depends upon the demand of the organism, so if a small strip of bone traverses the area of deficiency, it will develop to proportions large and strong enough for the part to fulfill its functions. Conversely if bone is transplanted into soft tissue having no functional demands it will undergo molecular disintegration and absorption. It is necessary that the grafted part should be immobilized absolutely for four months or more, the growth and ossification of the graft being studied at intervals with the X-ray. The piece of bone selected for transplanting should be removed with the least possible injury and should be grafted in such a manner as to make it temporary attachments as firm as possible; thus pre-fer ligatures. As some oozing is apt to following misplacement after operation. If small slabs of bone from the tibia are used they should be bound in place with kangaroo tendon and the periosteum as their edges sutured to the adjacent periosteum.

Many experiments have been carried out in an effort to discover the physiological process by which the graft is kept from destruction and converted into useful bone. This is still a matter of great controversy, but workers are reaching an agreement upon certain salient factors. It is necessary for continued life that the bone have some function otherwise it will be absorbed. Does the graft of bone continue to live, or does it die, acting merely as a matrix or scaffolding upon which new osteoblasts grow, absorbing the old bone as it is replaced by new? It is generally agreed that the graft does die for similar good results may be obtained from bone killed by boiling. It is thought that new vessels grow into the graft and from these grow new cells which entirely replace the bone, the graft having been absorbed as new material was made. That

this process of reconstruction begins in the area of attachment between the healthy and the grafted bone, and works from each end towards the center of the implant is held by some workers, but the larger number think that the process works transversely from the periosteum to the medullary canal. The structural origin of the new bone is a matter of keenest dispute. Some experimenters contend that the periosteum acts merely as a limiting membrane and that the regeneration arises from the osteoblasts contained in the graft; another group maintain that the new bone arises from a metaplasia of the connective tissue surrounding the graft, and offer as proof of their contention that callous resulting from a fractured bone is made by connective tissue, and that if the graft and tissue are separated by blood or serum that prevents the ingrowth of connective tissue, the graft will die. The greatest number of observers look to the periosteum assisted slightly by the endosteum for the regeneration of the bone. It promptly establishes its circulation with the surrounding connective tissue. The vascular layer of the periosteum becomes thickened and by sending new shoots through the old circulatory openings, begins the regeneration of the bone. In the absence of the bone. In the absence of the periosteum this function can be carried out under favorable conditions by the endosteum, but this membrane has only about half the power of its fellow. The highly specialized cells of the medullary canal do little or nothing towards reconstruction. It is suggested that the early death of these cells actually does harm. A graft without periosteum has had its best chance for life removed.

While the academic problems of the work are far from settled, such practical knowledge has evolved that many operators have reported a hundred bone grafts without a failure. The scope of this work is very great and the surgeon has at hand a remedy for many conditions that were formerly beyond his control. Skulls have been "patched," noses replaced, and long bones removed for tumor or disease, have been made to maintain their usefulness. A very successful treatment for Potts' disease, has been evolved, and there has been found a remedy for ununited fractures that excels all other means at hand.

For the best results the graft should be living, free or pedunculated, with as much periosteal covering as possible, containing endosteum and marrow. The graft should be autogenesis, that is, tak-

en from the patient into whom it is to be grafted. It seems certain that if a graft be made according to these rules, nothing further is necessary to insure success, save the attainment of asepsis and the maintenance of immobilization.

THE EARLY DIAGNOSIS OF TUBERCULOSIS.

By Mary E. Lapham, M. D., Highlands Camp Sanatorium, Highlands, N. C.

In attempting to make an early diagnosis of tuberculosis we first determine the presence or absence of tuberculous changes and then decide whether they have any clinical significance or not.

We depend upon symptoms and physical signs to inform us whether there are or are not tuberculous changes. If we find symptoms and physical signs we say that the case is undoubtedly one of active, clinical tuberculosis: if we find clinical signs and no symptoms, the case is clinically inactive and demands no treatment: if we find neither physical signs nor symptoms, we dismiss the case.

In this attempt to make an early diagnosis, we depend upon symptoms more than physical signs because we so often find tuberculous changes in the lungs which have had no effect upon the health. We find many cases of tuberculous processes in the lungs with good working capacity so that it is not so much the presence of these processes but their effect upon the health which governs the decision as to whether the case is clinically active and in need of treatment or not. We say that tuberculous cases with no impairment of health demand no treatment because they are clinically inactive. Logically, it follows that the estimation of the patient's state of health, that is, the recognition of symptoms, is more important in the early diagnosis of tuberculosis than the detection of tuberculous processes, for after we find them we cannot say whether they are clinically important or not without the aid of symptoms. The modifications of health influencing our decision must be more or less specific. Not all the ills that flesh is heir to constitute a diagnosis of tuberculosis. Loss or disturbances of function in the gastro-intestinal tract or insufficiency of the myocardium or inability to create sufficient nervous energy or dysmenorrhoea or spasmophilia, chorea or the various edemas of the exsudative diathesis, all seemingly point more to systemic faults than to tuberculosis.

The only manifestations of impaired health which we regard as symptoms jus-

tifying the diagnosis of tuberculosis are rather restricted and specific as we believe. We depend upon loss of appetite, weight and strength, slight dyspnoea on exertion, increased temperature, rapid pulse, cough, etc. Upon what we have learned to recognize as the most constant and specific alterations of health caused by tuberculous processes. Lacking these few specific manifestations we say that the tuberculous processes are having no effect upon the patients health and therefore are of no clinical importance.

Before basing our diagnosis upon this restricted class of symptoms, let us ask why they are so authoritative and why they surpass all others in diagnostic value. No one would ever think of making a diagnosis of tuberculosis from toothache or stomach ache, why should we infer tuberculosis from loss of appetite, weight and strength? Uric acid and various indigestions can accomplish the like result and so can a host of other causes, so why are these regarded as specific?

The classical picture of tuberculosis with which we are all so familiar, is the result of certain changes in the lungs with which we are equally familiar. Our instruction in text books and clinics has always taught us how to detect more or less solid infiltrations of the lung tissues caused by the accumulation of the products of inflammatory reactions. We are faithfully taught that loss of air content in the lung tissues, roughness of the breath sounds and rales, betray the catarrhal, pneumonic conditions underlying them, which are manifested as symptoms by cough, expectoration, temperature, pulse, etc. Our ears have been well trained to detect even slight dullness, exaggeration of breath sounds and rales and if we find this type of tuberculous consolidation we do not depend upon symptoms entirely to warn us of danger. We know from the physical signs that destruction of the lung has begun and we warn the patient that phthisis may follow.

Inflammation is the pathological basis of this pneumonic, parenchymatous type of invasion of the lungs by tuberculous processes. There is an active irritation of the functional cells followed by hyperemia, transudation, exsudation and over secretion. The air passages are choked with fluids, desquamated cells, blood cells, and mucus and these catarrhal-pneumonic areas necessarily tend to betray themselves by symptoms and physical signs, just as all inflammations do.

Unfortunately there is another type of

tuberculous infiltration of the lungs which is not characterized by inflammatory reactions but by the lack of them. In sharp contrast to the parenchymatous inflammations which by their very nature are forced to betray themselves by symptoms and physical signs, are the creeping, connective tissue infiltrations entering the lung by way of the hilum, insidiously sneaking through the interstitial tissues along the lymph and blood channels of the peri-bronchial sheaths without provoking inflammatory reactions and without creating either symptoms or physical signs until sufficiently advanced.

Creeping from point to point, these connective tissue infiltrations obliterate one lobule after another by the strangling process of organization or carnification of the air passages so that the logical consequence of the uncomplicated type of interstitial sclerosis of the lung is fibroid phthisis with loss of breathing spaces, inability to stretch and expand, extreme retraction, emaciation and death from loss of functional capacity and lack of air. This octopus type is characterized by extreme negation until sufficient loss of functional capacity is reached or until complications develop. At any time, necrosis, caseation, erosion, etc., may lead to perforation of a bronchus or blood vessel and then pneumonia or other inflammatory reactions change the purely fibroid to the caseous and the interstitial to the parenchymatous types. The interstitial tuberculous infiltrations of the lungs develop without causing either physical signs or symptoms so long as there are no effects of pressure and not sufficient absorptions of toxins to produce a tuberculous toxemia. The pressure of these contracting, sclerosing infiltrations, does no very great harm until they reach the walls of air passages not sufficiently rigid to withstand their embrace, when more or less stenosis occurs according to the size of the air passage, and the degree of resistance in the walls. At first the air neither enters nor leaves the terminal areas beyond with sufficient ease so that inspiration is reduced in intensity and expiration is apt to be prolonged. According to the degree of stenosis prevailing in the different air passages, supplying different lobules the air enters their infundibuli with varying degrees of rapidity and force so that one lobule expands sooner or later than another and the smooth passage of the air, which depends upon the uniform and prompt unfolding of all the alveoli at once, is interrupted, becomes jerky and

uneven, and the interrupted or cog wheel type of breath sounds develops. With a little more encircling pressure the smaller air passages collapse and their terminal areas become atelectatic. As the ribs are pulled out the lack of inflation of these areas is manifested by depression of the intercostal spaces over them. As the walls of the air passages lose their elasticity they keep the ribs from being pulled out with flattening, lagging and retraction. Our classical signs and symptoms are of little value in detecting this gradual obliteration of the breathing spaces in the lungs because they are based upon inflammatory reactions and consolidation of the tissues which in these sclerosing processes do not prevail.

In this gradual sclerosis of the lung there is no hyperemia, no transudation, no exudation, no accumulation of fluids and desquamated cells in the air passages: no catarrhal, pneumonic processes. Instead of the fires of inflammatory reactions we have simply a gradual effacement, an erasure of lung substance by converting it into scars. The consolidation of pneumonic hepatization of the infundibuli is only represented by the approximation of normal alveolar walls and atelectasis. This is sufficient to furnish tactile fremitus but not dullness because the air content of the larger air passages is preserved or even increased. There is no irritation of functional surfaces, no increased secretion to remove, no absorption of the products of caseous decomposition, therefore no cough and no tuberculous toxemia, no increase of temperature or rapidity of pulse to guide us. These interstitial extensions of tuberculous processes may cause an advanced stage of sclerosis of the lung without sufficient impairment of health to cause symptoms severe enough to demand a physical examination. We may know from the physical signs and X-ray plates that there is considerable infiltration of the lung but as there are no symptoms and the working capacity is good we argue that these infiltrations have as yet done no harm and probably never will. This is so true that it has become more difficult and more important to determine the significance of tuberculous processes than to detect them. It is becoming more and more apparent that our children and adults are permeated with tuberculous processes not necessarily affecting the health and that there is a world of concealed tuberculosis from which now and then, but very rarely, emerges a manifest case. With increasing competency we are beginning to ex-

plore this unknown world and to discover with increasing frequency that it may be difficult to say whether the case belongs to clinical tuberculosis or not. The mere discovery of tuberculous processes in the lungs no longer suffices to warrant the verdict of danger from them.

What is this world of concealed tuberculosis just beginning to be understood? At what age do these tuberculous processes begin? When should we expect to find them? How prevalent are they? Combe and Pollak made a study of tuberculous processes in the first months of infancy and found that there were all degrees of latency, from unsuspected beginnings in the lungs of babies without a suspicion of tuberculosis, through suspicious cases and cases masked by the specific symptoms of other diseases and so on up to manifest cases. Without routine examinations of all babies it will be impossible to know just how many belong to this unknown world of concealed tuberculosis nor can we know its relation to the manifest cases of later life until records have been kept for a sufficient length of time to demonstrate their future course. Without any reason for so doing, Combe gave tuberculin tests to all infants coming under his care and obtained a surprisingly high percentage of positive reactions. Many of these babies were so well that the tuberculous processes shown by the X-ray were evidently not injuring the health and there was no question of any kind of treatment. Pollak reports cases of positive tuberculin reactions in infants with no clinical signs whatever, either from the lungs, bronchial glands, skin or mucous membranes. These were not cachectic babies; there was no suggestion of wasting but, on the contrary, they were in blooming health and continued to gain in weight. The health of some of these babies began to fail after 8½, 14½, and 18½ months after the positive reaction was obtained. One-third of all the babies giving positive reactions in the first year of life showed no indications of harm from them even in the third year, while others became manifest cases at varying intervals. We believe that tuberculous processes develop in every one to a greater or less extent at some time or other. Is it possible that all babies pass through this ordeal? And determine then and there their ability to prevent dangerous consequences? "Am Ende" says Virchow, "haben wir all ein klein bischen Tuberkulose." Is it possible that this begins in infancy? How shall we ever know how many infants

enter the world of concealed tuberculosis and when? One tuberculin test may not inform us. To be conclusive it may have to be repeated at regular intervals for some time. Von Behring believes that the first verse of the chant heard over the grave of a victim of tuberculosis is sung over the cradle of the child. If latent tuberculosis begins in infants, extends through childhood and on into later life, as it seems to do in an astonishingly large number of cases, then the period of clinical inactivity represents the period of preparation and of development of manifest cases. In order to prevent tuberculosis should we endeavor to prevent the transformation of clinically inactive into clinically active cases? If so, how would this be best accomplished? We know very little of clinically inactive tuberculosis and we have no idea of the condition of the lungs of our people. We know what the final manifestations cost. These are well studied but the period of development leading up to these manifestations is not studied. All manifest cases pass through a period of clinical inactivity. When is it best to attempt the prevention of tuberculosis? Before its manifestation or after? And how?

PRELIMINARY NOTES ON ETIOLOGY OF CANCER.

By C. G. Roehr, M. D., Fort Pierce, Fla.

Typical amoebae may be properly classed as non-pathogenic to man. In culture media without bacteria, amoebae will live but will not grow. The addition of bacteria, living or dead, or of bacterial toxins to supply necessary food or stimulation will cause rapid growth and development, with the modification in such amoebae depending on the variety of bacteria and toxins and culture media employed. We can at will produce our modified or a typical amoebae. So in man when we find amoebiasis, it proves positively the presence of favorable conditions known as predisposing factors. (This includes auto toxemia.)

We are all amoebae carriers without injury to ourselves until such toxins are present as will modify the typical or non-pathogenic amoebae into the atypical or pathogenic variety. We can readily understand with these known facts why a transplanted cancer will not grow in a normal individual.

Any tissue cell exposed to toxic action will degenerate, with a loss of function and a greater or lesser modification in its

attempt to return to its embryological structure. Various toxines including syphilitic, and tubercular, as well as amoebic are known to cause such degeneration from the function to the fission type. This finding or knowledge of the abnormal location of the embryological type accompanied by the unrecognized atypical amoebae, explains the classification according to the predomination of cells in such pathological tissue.

To attempt to cure amoebiasis, (from pyorrhea to cancer), without the use of anti toxin or auto bacterin is generally futile and explains the present loss of faith in the emetine treatment. As it is impossible to prevent amoebic re-infection except by increasing resistance, and by removing the predisposing factor, the bio-chemical test or the opsonic index should be of value, as determining the variety of toxemia to be overcome.

A FEW REMARKS CONCERNING PYELITIS.

By E. P. Merritt, M. D., Atlanta, Ga., Instructor
in Genito Surgery Atlanta Medical College,
Medical Department Emory University,
Urologist Georgia Baptist Hospital.

Pyelitis is an inflammation of the pelvis of the kidneys—oftimes with misleading symptoms. Especially is this true in the chronic stage of the disease where we have, comparatively speaking, a small number of bacteria present from the affected kidney. It is my purpose to discuss briefly in this paper, pyelitis in general or just an outline of the subject on the main leading, or misleading, symptoms.

Diagnosis and treatment of some of the more common types. The acute form is more easily diagnosed than the chronic, as a rule, the reason is we usually have localized pain, temperature, sweats, urine loaded with pus, possibly some blood, and bacteria, of which type it may be. The chronic form may present very obscure symptoms, such as a dull ache in the back, not especially localized, slight polyuria, and oftimes the urine, to the naked eye, will be clear and remove your suspicion from the kidney to other territory, whereas it could be a sure diagnosis with the aid of the catheterizing cystoscope properly used in conjunction with the laboratory.

Every pain in the flanks is not constipation, appendicitis, or "falling of the womb," and if we will just forget our easy chair for a while and get busy and make careful urinary examinations with the modern equipments, oftimes we will find

an irritated or inflamed kidney pelvis causing the pain that cannot exactly be reached, unless we have this malady in view and treat it specifically, before deeper structures of the kidney are invaded, automatically causing pyelonephritis. The bacteria most often found in this condition are: Colon bacilli, tubercle bacilli, streptococci, staphylococci, and bacillus typhosus. The mode of infection has not been entirely settled, but the majority of investigators are of the opinion that it is hematogenous, lymphogenous and "urogenous" or ascending infection, let it be of either origin, the kidney is as a rule not the primary seat. So we must look for the "nest egg" or foci of infection.

Let me at this point insert a few case histories, which I hope may be of as much interest to you as they were to me.

CASE 1.—Girl 12 years of age, white; always very healthy except for malarial fever year or so previous. Was called to see her on account of backache, kidney region, very severe case of pyuria, with some blood, temperature up to 103 deg. F. for three days with severe sweats, and chills at intervals. The case with the history, was such a plain one to me, at once I expected a malarial pyelitis and put her on large doses of quinine and urotropin, regulating the bowels and diet, and in 12 hours there was a decided improvement and in a week she was free of temperature, with no pain, and very few pus cells in urine.

CASE 2.—Man, age 30; white. Past history gonorrhea, 3 years previous, lasted for some time, involving all parts of urethra prostatic and vesicles. Was treated and pronounced as cured. History otherwise negative. Came to me with the following symptoms. Pain or dull ache in left flank, especially at night. He described it as a sore feeling like after strenuous exercise so annoying he could not sleep well. This condition had been present for about 2 years. He noticed in that time frequent desire to urinate especially at night, passing large quantities.

Examination.—Blood vessels and heart seemed to be normal. Prostate and vesicles slightly puffed. Urine clear light color with few mucus shreads which were negative bacteriologically. Urine gravity 1015. Acid. No sugar. No albumin. No cast. Few pus cells. Epithelia from kidney pelvis. No casts. Stain specimen showed few colon and streptococci present. Negative to T. B.

Cystoscoped.—One hour's specimen from each kidney, each one threw down 4 ounces each, which was due to the vast quantity of water he had taken previous-

ly. Urea out put low $\frac{1}{2}$ of 1 per cent. Left kidney sediment showed few pus cells, streptococci and colon bacilli. No albumen. Right kidney. Negative only slight trace albumen caused by few drops of blood from traumatism of ureter. Left kidney capacity of pelvis $3\frac{1}{2}$ c. c. Normal saline. Right 6 c. c. Same sol. X-ray taken later. Was negative as far as stones were concerned. Plates were taken with ironoxide catheters in ureters and the course of ureters were normal as to my opinion. Thorium Nitrate 15 per cent. solution injected into pelvis of each kidney, which gave clear shadow. Showed the right side normal, left little irregular and smaller than right.

Diagnosis.—Left pyelitis with contraction or hyperphy of lining of pelvis.

Treatment.—Regulated diet, cut down intake of fluid, urotropin. Lavage left kidney twice a week, 10 per cent. Silvol solution, gradually increasing the quantity, until the pelvis took 8 c. c., without increasing pain, using 1-3 of 1 per cent. Silver Nitrate every two weeks, patient was relieved after first lavage, and gradually improved. He is under the same treatment at present, with none of the old symptoms that previously tormented him, he has had about ten treatments up to now. The reason I mention his case is because of the benefit he has received from the direct application of medicine to the effected spot, and the long course of his disease.

CASE 3.—Female. Age 61; white. Referred by Dr. Marion Benson, of this city. Gave the following history. Has had pain in right kidney region for 6 years, passed a small "gravel" 7 years ago, which did not seem to relieve the condition. This pain was referred to right thigh and down leg.

Examination.—Kidney could not be felt. Urine very milky with pus, filtered specimen showed albumin, sugar, and indican, gravity 1.030. There were hyaline cast, with pus cells plentiful, alkaline in reaction. The urine was so irritating that both labia were swollen and very painful where a few drops after each micturation would come in contact with same. She was tender over bladder region. Her bladder was irrigated daily with weak silver and permang. pot. sol. The labia swelling and soreness soon passed by after dilating a strictured urethra. I passed cystoscope and without catheterizing ureters, from the right side was a pretty silver stream of pus coming down. The bladder showed a severe cystitis. My examination was not completed on account of tenderness, but I suspected stone in right

kidney also. She would not submit to X-ray examination, or any other treatment except bladder irrigations which I told her could be given her, at her home, haven't seen her any more. It goes without saying she was very much emaciated and toxic.

But the main point about this case was, the few of pus how plain and the quantity coming from that kidney. Of course, this does not happen in very many cases. Sometimes there is so little pus and bacteria in the urine it is necessary to go through very careful laboratory examinations to discover same. The point is, sometimes clear looking urine is loaded with the products of an inflamed kidney, which macroscopically looks good and clear.

Other less interesting histories could be given, but would not possibly be as interesting. One point which I failed to mention in cases of pyelitis where the lavage treatment is resorted to, is that the ureters seem to be somewhat dilated. I do not know why. Therefore catheters should be used large enough so as to hold solution in the kidney for a short time, bringing the catheter back slowly, thoroughly infiltrating the ureters as you come down. Silver Nitrate from $\frac{1}{4}$ to 5 per cent. is used by me in most cases but some cannot stand the silver, so I use Silvol or argyrol which are very good. We should always bear in mind the possibility of pyelitis in men with aches and pains in their backs, and a little pus in urine with bacteria. Also in women during pregnancy and afterward. Let us always be on our guard and watch for pyelitis and start treatment in time, which will mean a better prognosis.

THE PHYSICIAN'S ATTITUDE TOWARDS THE GREAT AMERICAN UNREST.

By Geo. H. Tichenor, Jr., A. B., M. D., New Orleans, La.

Every physician should be a leader in his community for the moral, educational, physical and financial uplift of his people. Every man is his "brother's keeper" whether he desires to be or not. Paupers are an expense to the community. Disease is an expense and physical menace. Ignorance opens the way for political tyranny, crime and all its consequences. The financial success of a few to the extent of preventing competition in the end pauperizes the community. These are plain facts.

When I hear physicians complaining and writing articles concerning their fi-

nancial difficulties, I am prone to ask the question if they have ever done anything to change conditions or render the community in which they live more prosperous. Why do you not form County Sociological Societies?

It is a homely expression, "You can't get blood out of a turnip."

The social unrest at present will effect the South in many ways until it reacts upon other sections.

Starvation and poor wages have driven many laborers to manufacturing centers. The negroes, especially, have migrated in large numbers to the North and East (estimated about 300,000), leaving the farming sections without labor. This is especially bad for both sections of the country. The South, the greatest potential agricultural section of the United States, produces now only one-half of its food and food products. (See F. A. Merrill, of the Georgia State Normal School Bulletin). This condition is due to the absentee landlords exacting cotton in payment for land rents. Mexicans are being imported to reduce the price of labor and to take the place of the departed negro. Not only in the South—Los Angeles has 15,000 Mexicans, San Antonio 25,000, El Paso 30,000. A representative of one Eastern railway sent 3,000 Mexicans into Pennsylvania during a single week. (The Government's estimate of 300,000 seems absurd). The result will be cheaper labor every where, the negro returns to the South with consumption and greater miscegenation, with the curse of Latin America threatening the vitality of the Republic.

Consumption has been shown to bear a somewhat fixed ratio to wages and the cost of living. This being the case what are we to expect when the American Society of Thrift informs us that between 1900 and 1914 the average increase in the retail prices of food was about 60 per cent., while wages increased a little less than 30 per cent.

No matter what theory you may advance as to the cause of this condition, the fact is it exists. The average family income, including women and children, is between \$700 and \$800 (the physician \$700—author).

The Harvard inquiry as to the earning capacity of the medical graduates was anything but satisfactory; remember Harvard is one of our leading institutions.

In my own State, Louisiana, the farm labor receive about 90 cents a day, city labor 15c an hour, motormen and conductors 24¼ cents; some strong union men

get little more. Here are some of the results. Ninety (90) per cent. of the New Orleans public school children never finish at the high school, and the majority of our boys do not even complete the grammar grade.

Fourteen (14) per cent. of the arrests in New Orleans were minors of which 11 per cent. were boys and 30 per cent. girls in 1915 (which is about the same proportion of all large cities in the United States of about equal population).

Medicine has become a farce. What is known as "street societies" (benevolent associations) flourish among the poor. While they have a perfect contempt for the "students," (doctors), and the "sweetened" water (medicine) dispensed for the weekly payment of about 10, 15, or 25 cents, they console themselves that the coffin and funeral is included with the doctor and medicine benefits, as they can not afford better.

The public hospitals, maintained by taxation, are utilized by private medical schools for teaching students, so are naturally avoided, if possible.

The Times-Democrat on January 16, 1913, informed the public that the Louisiana State Board of Health accused 80 retail druggists of having adulterated drugs and that New Orleans dealers proved the greatest offenders according to the investigation of an expert. This charge was the result of the analysis of common remedies. When are you going to advocate State medicine so that you can exist and the poor receive attention?

I am told that conditions are about the same all over the country and statistics vouche for same.

The report of Professor Bemis to the council committee of Chicago illustrates the unrest of the masses. He sets forth the startling fact, supplied to him by the gas company, that 44 per cent. of the gas company users of Chicago move every year. The figures relate to business concerns as well as to homes, "the fixed population." The "floating population" does not establish commercial relations with the gas company. The percentage of yearly removals of users of electric light is 33 per cent.

It is no wonder that the Surrogates courts show that only 3 men in every hundred who die leave estates of \$10,000 and upward; 17 others leave estates worth from \$2,000 to \$10,000; while 82 of every 100 leave no income producing estate—no tangible asset. The reason for this is that the sixty-five per cent. of the people of the United States who live on less than 5 per cent. of the country's

wealth are unable to compete financially with the two per cent. who own 60 per cent. of the nation's wealth, now enormously increased by the European trade war. The critical examination of the Federal income tax proves this assertion. Compare last two years records.

If the physician is to exist the Government must aid him to take care of the paupers.

The physician should form county sociological societies, composed of intelligent citizens, in every county, so as to eradicate and protect the masses against the tyranny of social injustice.

SOME UNUSUAL MIGRATIONS OF MOSQUITO PUPAE.

By J. T. J. Battle, M. D., Greensboro, N. C.

An expression which has now been in vogue for some time, namely: "No mosquitoes, no malaria; no stagnant water, no mosquitoes," is only partly true. The first part, "No mosquitoes, no malaria," is probably true without any exception. Further study of mosquitoes will demonstrate the fact that some varieties do not want stagnant water at all. One of the most striking is the *Anopheles*, which is the carrier of malaria; they are more aesthetic in their tastes, and really prefer fresh and clean water. The *Culex*, the ordinary house mosquito, is more like a hog in its habits. The female will lay her eggs in stagnant and foul water.

All the literature which I have read in regard to the habits of mosquitoes led me to believe that wherever the eggs were laid, within a few inches or certainly within a few feet of that place, the imago took its flight.

With this preliminary as to the information gotten out of the literature, I was not prepared to believe a man who lived near a creek, when he told me one day that mosquitoes were hatching in running water. I told him he must be mistaken. He assured me that they were mosquitoes, and that they were hatching in midstream of an ordinary running creek. He impressed me with the truth of it so that I went nine miles to see if it was a fact. I found that his observation was correct, and they were hatching out in fast-flowing water just after its going over an embankment of rock, making a considerable fall. I went up the creek some distance, noticing the pupae floating along for some little distance, but failed to find their starting-point.

The past summer, in company with Dr. W. M. Jones, County Physician for Guil-

ford, I went to this place as a starting point. We went up the creek about a mile and a half, and found a small lake about ten by twenty feet, which was connected with the creek by a small inlet. It seemed to have no springs in it, and it was undoubtedly the creek water. In this pool there were thousands and thousands of larvae and pupae. A few hours before the pupae were ready to emerge fullgrown, they seemed to wiggle out of this pool into the main stream. There was no other explanation because the water was not running enough to wash them out, and there was no other force to bring them out, as they were hatching with a great deal of regularity at all hours of the day down the creek. Yet when in the creek, they seemed to be entirely lifeless, showing no movements whatever, but were carried down as driftwood.

Investigation of these pupae showed them to belong to the *Culex* and *Anopheles* species. The interesting points in this condition were the movements of the pupae out of the still water. While they were very thick in the pool, yet they were not thick enough to crowd a sufficient number into the current to account for the numbers that we witnessed constantly hatching.

In some of the books we read that the mosquito as he bursts his shell climbs upon it, dries his wings, tries them, and then flies off from his little boat, consuming ten minutes' to two hours' time. Close observation of the pupae showed that when his head emerged from the shell he would fly off by the time he had moved two feet in water running at the rate of probably four miles an hour.

Another point of interest was that we found any *Anopheles* at all, as North Buffalo where this occurred is the stream in which the sewage from the city of Greensboro is emptied, about two miles above this particular point. As the creek is not very large, it was more or less foul, so much so that we were surprised to find the *Anopheles* laying their eggs in this water. The water in the lake was back water and seemed to be somewhat more polluted than that in the creek.

I bring this to the attention of the profession because it is the only case I have ever known of, and I have never read of a similar condition. It shows that we cannot always rely implicitly upon what is written, and is a hint to keep our eyes open for unusual conditions, and recognize them when we see them.

We cannot demonstrate this again, because the floods of last July, while their

effects were so disastrous to some parts of the state, and did so much damage, were good enough to fill up this pool, and the condition does not now exist, much to the relief of that vicinity.

LACHRYMAL STENOSIS IN INFANTS AND ITS TREATMENT.

By Dunbar Roy, A. B., M. D., F. A. C. S.,
Atlanta, Ga.

If one will examine the various textbooks on ophthalmology, he will be unable to find any reference to the subject of the treatment of lachrymal stenosis in infants. The conclusion therefore derived is, that such a condition in infants is treated in the same manner as in adults. This I consider erroneous teaching. Very grave injury would frequently be done to the lachrymal passages of these tender little individuals if the same ruthless probing and cutting were done as is frequently the case among adults. During the last four years of my practice, I have had six cases of lachrymal stenosis in infants, all of which recovered perfectly without instrumental interference, and one case presented some striking features, whether as a coincident or as a casual relationship I do not know, that I shall take the liberty of referring to it more in detail. In speaking of lachrymal stenosis in infants we must naturally do so in a very indefinite manner, not knowing whether the stenosis is in the puncta lachrymalia, the canaliculi, lachrymal sac or in the duct proper. This could only be determined by delicate probing or post-mortem demonstrations, both of which methods being often impracticable. When we speak of lachrymal stenosis in infants we naturally mean such cases as present the usual accompanying symptoms of excess of tears in the conjunctival sac or even flowing out upon the cheek, some excoriations of the lower lid, and some slight catarrhal condition of the palpebral conjunctiva. There need not have been previously a dacryocystitis either acute or chronic.

The well known fact that the mucous membrane in infants is so susceptible to swellings and edematous conditions, will in a great measure account for the stenosis occurring in individuals of this age. Yet such pathologic conditions do not constitute the whole etiologic factor in these cases.

For convenience I have made the following groupings of lachrymal stenosis occurring in infants.

1. Stenosis due to Congenital Malformations and non-development in some

portion of the lachrymal passages have been reported by several observers and the presence of such must not be ignored when cases of epiphora in infants are brought to us for treatment. Congenital absence of one or more puncta lachrymalia have been noted by various writers.

Benjamin Travers, as early as 1824, says in his book on "Diseases of the Eye," that he has seen a congenital deficiency of the puncta, but the case was very rare, obliteration being so much less so. Schon in 1828 noted the fact that puncta had been observed closed entirely in new born infants, and cites two or three authors who mention the condition or had seen cases. V. Walther states that congenital atresia of the puncta does not occur except in connection with monopsia or micropsia; and Desmarres states that Seiler, Schoen, Carron and others have noted congenital atresia of the puncta mostly in connection with concomitant absence of the eye. The congenital absence, however, of these puncta have been observed by others who make no mention of any other congenital defect. Mooren in a statistics of 108,416 patients, gives only one instance of "defectus punctorum lachrymalium."

In our own country, a case has been reported by Burnett where there was congenital absence of both puncta lachrymalia of the left eye and of the lower punctum of the right eye. The case terminates successfully under operation. Theobald has also reported a case of congenital atresia of one lower punctum. Besides these, cases of congenital atresia or absence of puncta have also been reported by Zehender, Vossius, Fieuzal, Emmert, and Blanchet.

Cases have been reported where the puncta were not absent but only closed by a membrane. LeHenoff calls attention to this condition, claiming that it is not rare in infants to find a small pellicle covering the opening of the puncta.

A. Rochon-Duvignaud, in a very exhaustive article, gives the results of his researches on the anatomy and pathology of the lachrymal passages in the adult and the new born. According to this observer in the fetus the nasal duct, up to a certain period, is separated from the nasal fossa by a membrane. The duct also exhibits annular diaphragms or valves at various points along its course. These diaphragms were found by the author in the new born in more than half the cases. Persistence of a nearly imperforate membrane closing the lower end of the nasal duct, or the presence of diaphragms with only a minute passage through them, is a

cause of stenosis in infants, especially when from the stagnation and accumulation of the secretions, infection, inflammation and swelling of the mucosa result. Bochdalek, as early as 1866, in a contribution to the anatomy of the lachrymal organs, calls attention to the fact that in extremely rare cases the inferior valvule of the lachrymal sac develops so as to form a nearly imperforate membrane closing the canal. He mentions two cases where this condition existed.

The presence of these valves, especially at the junction of the sac with the lachrymal canal, and the junction of this latter with the nasal fossae, are considered by many to play the most important role in the stenosis found in infants. For instance, Beraul in his researches states that a valve at the junction of the nasal duct and nasal fossa, is missing in only 3 or 4 per cent. of cases, and he found complete obliteration of this orifice in 15 per cent. of the cases of lachrymal stenosis. He also states that the so-called valvule of Taillefer, situated about the middle of the nasal canal, is present in about 6 per cent. of cases and may be so developed as to close the canal.

2. Lachrymal stenosis occurring as the result of spasmodic contraction in some portion of the passages. Allow me briefly to relate a case which occurred in my practice more than a year ago: Master B., age 2 months, was brought to my office for consultation on account of an epiphora of both eyes. On examination I found a slight catarrhal conjunctivitis, while the puncta were freely open. The condition had been noticeable for three weeks past. No discharge could be pressed from the lachrymal sac. A wash was given for the eye, consisting of sulphate of zinc, boric acid and water, to be used three times daily and to be accompanied with pressure over the lachrymal sac. This was continued for three weeks with no very decided improvement in the condition. About this time the father noticed that the infant seemed very fretful and on consulting his family physician it was decided to have the infant circumcised. This was accordingly done and an immediate cessation of the epiphora was noticed which has continued constantly ever since. I then began to look up the literature to see if I could find a similar case. This I have been unable to do. The relationship between the circumcision and the cessation of the lachrymal symptoms was so close that I cannot but consider it in the light of cause and effect.

In looking up the literature of the subject, I find that there is some reference

to spasmodic constriction of the lachrymal passages as a cause of stenosis. In the Transactions of the French Ophthalmologic Society for 1891, Galezowski states that epiphora often occurs from spasmodic or irritative muscular contraction of the lachrymal passages without any organic changes being present. Wicherkiewicz, at the same meeting, corroborated Galezowski's observation as to the occurrence of spasmodic strictures. Seggel, in quite an elaborate article, calls attention to the presence of muscular tissue around the canaliculi and puncta, and reports a case of stenosis which he said was due to contraction to the sphincter of the punctum. It is the atrophic condition of this sphincter, in my judgment, which is the frequent cause of "watery eyes" seen in the very aged.

R. Schirmer, in "Saemisch. Handbuch," says that spastic constrictions of the canaliculi may occur (as shown by McNamara and Galezowski) in nervous and anemic persons and in this way produce the same disturbances as other obstructions. McNamara, in his work upon the eye, mentions briefly spasmodic stricture of the canaliculus, which occurs either at the inner or outer opening of the canal. The accompanying watery eye, if long continued, will be of intermittent character.

Fano calls attention to the existence of spasmodic epiphora due to spasmodic constriction of the lachrymal puncta and canaliculi by spasm of the muscles of Horner. The condition occurs only in women of nervous temperament, often in association with neuralgias. Since the occurrence of this case in my own practice, I am firmly convinced that we should look more carefully into conditions which might act as a reflex cause in producing this spasmodic constriction in the lachrymal passages. Observation teaches us that epiphora in infants sometimes disappears in a night, and in such cases may we not attribute this result to a relaxation of a spasmodic constriction?

3. Stenosis, the result of a catarrhal thickening of the mucous membrane at some point in the lachrymal passages.—This third and last consideration of stenosis I would place as the most frequent cause of epiphora in infants. In the cases which I have seen there was a slight catarrhal conjunctivitis which was either primary or secondary to a similar condition in the lachrymal passages. In only one instance could secretion be expressed from the lachrymal sac. In two instances there was a marked catarrhal condition of the nasal cavities. This lat-

ter organ should be closely examined in such cases.

A. Peters, of Bonn, has reported seven cases of lachrymal stenosis in infants due to a catarrhal condition of the mucosa of the lachrymal sac. He believes that blennorrhea of the lachrymal sac in new born infants is caused by the persistence of the fetal membrane closing the lower end of the nasal duct. Fluid accumulates in the sac, the product of cellular disintegration and secretion from the mucosa of the sac, rather than derived as an inflammation exudate from catarrh of the mucous membrane. The condition is one of atresia and retention and not catarrhal inflammation.

He recommends simple treatment—expression of the contents of the sac by digital pressure and repeated irrigation of the eye without the use of the knife or probe. He quotes Vossius and certain French authorities in favor of gentle treatment. He strongly urges this palliative treatment in preference to any instrumental applications.

In support of Peter's theory, Lange reports a case of blennorrhea of the lachrymal sac in a child five days old. Pressure upon the sac was followed by a discharge of laudable pus from the nasal cavity of the same side, but none came from the lachrymal canals. All symptoms of lachrymal obstruction disappeared in a few days. Heddaeus confirms the observations of Peters but differs from him in thinking that the mechanical expression of the contents of the sac is unnecessary. Königshofer, in discussing the epiphora in children, says that dacryocystitis or dacryostasis neonatorum, according to his observation, is mostly a temporary blocking of the passages by mucus or a persistence of a thin epithelial closure of the nasal end of the duct. All cases observed by him were cured by industrious expression of the lachrymal sac, a passage of the sound being necessary only in one case. Landolt in treating of obstructions in the lachrymal passages of new-born, has this to say in regard to the treatment; according to his observations it is never necessary to slit the puncta. He dilates the punctum with a conical sound and injects either a bichlorid solution 1 to 5,000, or 10 per cent., solution of boric acid into the sac with an Anel's syringe.

Before writing this article and after consulting the various work on ophthalmology to see what the authors had to say in regard to epiphora in infants, I addressed letters to twelve ophthalmologists and asked them to answer the fol-

lowing questions:

1. Have you ever seen any case of stenosis of the lachrymal passages in infants which you thought was due to spasmodic contraction, the result of a reflex irritation?

2. What treatment do you use for lachrymal stenosis in infants?

To these letters I received seven replies, as follows:

Dr. H. Knapp. 1. No. 2. I leave the lachrymal trouble alone, as it commonly rectifies itself by the development of the nose.

Dr. E. Gruening: 1. I cannot recall a case of stenosis of the lachrymal passages, either in infants or adults, due to spasmodic contraction. 2. In cases of lachrymal stenosis in children I probe under ether, using Theobald's probes.

Dr. William Cheatham: 1. No. 2. I have seen, I think, as many as five cases of stenosis of the lachrymal duct in infants, all relieved by from one to three probings with Bowman's No. 1, without incision of the punctum.

Dr. Swann Burnett: 1. I have never seen a case of stenosis of the lachrymal passages in an infant which I thought was due to spasmodic contraction. 2. The few cases of dacryocystitis in infants that I have seen, I have treated in the usual way by opening the canals and treating the sac. I don't remember that I ever saw a case of stenosis not due to inflammation.

Dr. Adolph Alt: I do not remember having ever seen a stenosis of the lachrymal passages in infants which I thought was due to reflex contraction. 2. The cases of stoppage in infants, if not due to an infection of the mucous membrane of the drainage apparatus, I have always referred to an epithelial adhesion and this usually gave way to one or two probings.

Dr. George de Schweinitz: I have never seen a case of stenosis of the lachrymal passages in an infant which I thought was due to a spasmodic contraction, the result of reflex irritation. 2. The treatment I use for lachrymal stenosis in infants depends entirely upon the etiology. Many of the cases get well without any treatment except some irrigation of the conjunctival sac and nares; they get well simply because in the development of the nose a pre-existing contraction of the passages disappears. Others, evidently dependent upon a nasal catarrh in the broadest acceptation of the term, get well by nasal treatment. A few with a good deal of purulent secretion are associated with stricture and seem to

me to demand the same treatment that a similar condition in adults requires. I very rarely, however, and I have seen a good many cases, have found it necessary to divide the canaliculus and pass probes.

Dr. Samuel Theobald: 1. No. 2. I have met with a good many cases of blepharorrhea of the lachrymal sac in infants accompanied with epiphora. In most of these cases there was not an actual stricture of the duct (such as we meet with usually in adults), and they have gotten well without operative interference. My favorite remedy is a collyrium of hydrarg. bichlorid 1-2 gr., sodium chloride 3 grs. to ounce of water. This to be dropped into the inner corner of the eye three times daily, each application to be preceded by an attempt to empty the lachrymal sac by pressure with the finger tip. Occasionally it happens that no benefit results from this treatment. Then after it has been thoroughly tested for some weeks, I resort to operation, slitting the canaliculus and probing the duct.

In all of my cases a cure was established by the use of an astringent wash to the conjunctiva in conjunction with massage over the lachrymal sac. In no instance was a probe used. I can imagine some cases where it is necessary to dilate the canaliculi with a probe, but never a case where it is necessary to slit the canaliculi and pass probes into the nasal duct. Palliative measures, such as the use of astringent washes, accompanied by massage over the lachrymal sac, will accomplish the necessary result in all but exceptional cases, even if the treatment has to be continued for many weeks. I believe that the canalisulus should never be slit and thus destroying forever the effect of the sphincter around the puncta. At the same time it is necessary to see that there is no blocking of the nasal passages with inspissated mucus. Cleansing of the nasal passages should be as routine as the cleansing of the eye. I am firmly convinced that many cases of epiphora in infants will be relieved if more judicious attention is given to the nasal cavities.

BLOOD TRANSFUSION WITH SPECIAL REFERENCE TO THE CITRATE METHOD.*

By William M. Scruggs, B. Sc. M. D., Rutherford Hospital, Rutherfordton, N. C.

Investigations during recent years relative to the subject of blood transfusion, have served the admirable purpose of stimulating a justifiable interest in this useful and at times life saving measure, with the result that illuminating data has substantiated this as a positive and widely applicable therapeutic measure. This is more especially true since the introduction of the citrate method by Weil and Lewisohn, as its use has happily widened the limitations of transfusion, perfected and simplified the technique to the standpoint of such availability that it can be almost universally applied where circumstances indicate the transfusion of blood. In supplementing the initial observations of the above named collaborators mention must be made of the work done by Garbat, as he has done much to popularize the method by emphasizing the non-toxic effect of citrated blood and proclaiming his views as to the viability and functioning properties of blood so suspended.

Historically, transfusion has been recognized as a valuable clinical entity for more than two hundred years, and its gradual evolution to the present stage of efficiency and usage presents one of the interesting pages of medical advancement, but it has remained until recent years so attended with technical difficulties and such ill-defined indications that its acceptance by the profession in general has been of negligible proportion, except in the larger clinics. It has in reality been a major operation, demanding a certain practised familiarity with an elaborate technique and requiring as a rule trained assistants, all of which has combined to place it beyond the pale of common usage. During these many years there has been a temporary wave of enthusiasm with the introduction of each new method, with the result that from time to time certain methods have been acclaimed as acceptable to the exclusion of others. And while to my mind the citrate method is not exactly ideal, in that blood must be held in suspension for the time being, it certainly presents us with a method that is at once simple in application and for all practical purposes

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satisfactory, for clinical evidence proves that citrated blood is as useful as pure blood. I have seen Lindeman use his syringe method, and in his hands appears simple and ideal, but as pointed out by Lewisohn it requires not only skill but a complement of very expensive apparatus. This objection has been somewhat overcome by the proposed modification of Unger, and while I have had no personal experience with this method I am not yet convinced that it possesses any advantages over the citrate method.

These are the two methods of choice as accepted at present in contradistinction to the various types of direct transfusion, with accumulated evidence favoring the citrate method because of its ease and simplicity of application, and the fact that it requires neither highly developed skill or assistance, and any one familiar with the technique of Salvarsan administration can avail himself of its use when indicated.

The object of this paper is primarily to present briefly the accepted views concerning this particular mode of transfusion, and, if possible, to encourage its more frequent use where there is any therapeutic indication suggesting the use of transfusion, for it is only by recording the impressions of various observers that we can hope to arrive at any definite conclusion concerning its value.

With the introduction of this method some objections were advanced on the ground that blood so suspended and given to a patient was not as useful as non-citrated blood, because it interfered with its viability and functioning properties. There was also the question of whether or not sodium citrate per se, or in combination with blood might not be harmful and present resulting toxic symptoms, especially if repeatedly used.

Personally, I have never seen any untoward action either from the intravenous use of citrate solution alone or when in combination with blood, especially when used in a dose not exceeding three grams. I mean by this that sodium citrate when used in this way is only relatively atoxic, for large doses would certainly prove fatal, but the quantity used for transfusion can be considered not only safe but atoxic. In introducing this method for popular use Lewisohn called attention to the fact that 15 grams would be a fatal dose for an adult, but this quantity is many times that required in any transfusion. My personal observations verify this, for I have observed its action when used repeatedly in connec-

tion with the therapeusis of Raynaud's Disease, and while no apparent beneficial effect was noted there was certainly no resulting injurious effect. I have also observed its immediate and remote effects in many transfusions, with no untoward result. These findings indicate to me that we are not subjecting the patient to any dangerous procedure in the use of this method when applied within the known prescribed limitation.

Much has been said with reference to the viability and functioning properties of citrated blood, and while positive data is limited, reports from those who have used the method extensively are to say the least encouraging and the beneficial results certainly compare equally well with those obtained by methods in which unmixed blood is used. Objections have been largely theoretical and not based entirely on clinical results. However, reports from the use of this method should be encouraged, as further investigation would certainly seem to be indicated, but in the light of present facts the clinical results are comparatively speaking satisfactory.

Another interesting feature of this method seems to be the hastening of the coagulation time of the recipient's blood after transfusion, and in certain cases this is of great importance, especially in Haemophilia. This effect is, however, of a very transitory character, the blood returning to its previous coagulation time in a very few hours.

Some years ago Goodman called attention to the value and hemostatic effect of transfusion in Hemophilia, and a recent case under my observation at the Rutherford Hospital seems to substantiate his claim.—This paper is not intended to be a case report, as I propose to refer to the following case in a subsequent paper, but I feel inclined to make brief reference in this particular instance.)

A boy, 11 years old, was admitted to the Rutherford Hospital with the statement from his father that he had been bleeding from the gums for 12 days, and all efforts to arrest the hemorrhage had been of no avail. The relatives stated that he was a known bleeder, and on numerous occasions had had severe bleeding from nose, mouth or the slightest cut, but had always yielded to treatment. The little fellow was in a precarious condition, and as he had resisted all local measures I decided to give him a transfusion, securing the blood from an uncle. The effect was immediate, the result being that in 30 minutes after the transfu-

sion there was no bleeding, and a marked hastening was noted in the coagulation time. He went on to an uneventful recovery, and is now in excellent health.

If this apparent hastening of the coagulation time was of a prolonged character it would constitute a formidable objection to this method of transfusion, but fortunately it is of a transitory character, and this being true may occasionally serve a useful therapeutic purpose.

In regard to the conditions under which this method would be suggested, it can be said that the same indications for transfusion hold good with this procedure as apply to other methods. The successful results following the use of transfusion in recent years has tended to enlarge the indications with the result that it is being used beneficially in a multitude of conditions with at least temporary, and often permanent improvement. Its most useful field, however, appears to be in cases of simple or aggravated hemorrhage, i. e., peptic ulcer and typhoid; and in certain hemorrhagic and blood conditions—pernicious anemia, hemophila, etc., and in which conditions I have observed some very happy results. Often it can be used with effect in debilitated persons before operation, and is meeting with an increasing field of usefulness in cases of severe infection and toxemia.

The same precautions must be observed in the use of this method as would be exercised in conducting a transfusion according to any other technique. The selection of a donor is of greatest importance, and should be some young or middle aged, healthy person, and preferably one who is not a relative for obvious reasons. The donor should be free from any known communicable disease, and all the preliminary tests, as Wassermann, Agglutinative and Hemolytic tests should be performed. In case of a grave emergency a transfusion might be given without doing these—(on one occasion I have given a transfusion without doing any of the tests with no untoward result) but as they require only about three hours for their completion it is always the wiser and safer thing to do. At times there are conditions that do not warrant this much delay or localities where such tests cannot be done, and under such exceptional circumstances transfusion may be done without them, but as a rule one feels much safer having done these.

The essential point wherein this method differs from those previously proposed is in the technique, and that originally initiated and submitted by Lewisohn

with slight modifications is so simple that it can be described in detail with few words. The donor is placed on a table or bed and the arm to be used is placed in a comfortable position, and the area about the vein to be used carefully cleansed. A tourniquet is then applied to the arm above the elbow, sufficiently taut to retard the venous return but not entirely obliterating the radial pulse. The vein is then punctured with a cannula and the blood allowed to run into a sterile graduated glass jar, containing 50 c. c. of a 2.5 per cent. sterile solution of sodium citrate, and a steady flow may at times be secured by having the donor constantly, but slowly, open and close the hand on the side being used. While the blood is running into the container it is thoroughly mixed with the solution by gently stirring with a sterile glass rod, until 500 c. c. are collected. After 500 c. c. of blood have been gathered another flask is taken and the same procedure repeated, provided more than 500 c. c. of blood are wanted. If less than this amount is desired the sodium citrate solution is used accordingly, the rule being to use 100 c. c. of a 2.5 per cent. solution of citrate to 900 c. c. of blood giving 1,000 c. c. in all. It is rarely desired to give more than 1,000 c. c. at one time, but any amount may be collected on the above mentioned proportionate basis. The blood thus collected is then covered with a sterile towel, and allowed to stand at room temperature till ready to use. The blood thus mixed will not clot and can be carried for any distance or kept for hours, an added advantage being that the blood can be gathered without the recipient being present. In gathering the blood it is advisable to use a cannula of sufficiently large size, a number 11 having served my purpose well.

In giving the blood to the patient I use an ordinary salvans set with stand, elevated to about 7 feet. The needle is then introduced into the vein and attached to the rubber tube connection from the flask. It is advised to have this tube filled with saline so as to prevent air gaining access to the circulation, pouring the blood into the flask when the connection is made and the flow established. It is better to allow the blood to run in slowly to obviate the possibility of suddenly overloading the circulation. After the desired quantity is injected the needle is removed and the transfusion completed by placing a sterile dressing over the vein used. Following the transfusion these patients often experience a chill with a rise of temperature, but this should not

occasion alarm as they occasionally occur with no resulting harm.

This method has now been sufficiently used to establish its permanency and safety, and as diseases are gradually become restive under the influence of advancing knowledge, and one-time hopeless disorders amenable to the grip of modern medicine, this valuable therapeutic agent holds promise of securing a recognized position as a useful addition to our already extensive armamentarium.

Lewisohn. Surg. Gyn. and Obs., 1915.

Garbat. Am. Med. Jour., Vol. LXVI, 1916.

Goodman. Annals of Surg., Vol. LII, 1910.

Economy.

Although relatively unimportant, economy is a consideration by no means to be overlooked in the selection of a sedative for routine use. This has been especially true in the last eighteen months when the price of drugs of this class has been soaring to heretofore unheard of heights.

An examination of any complete drug price list reveals the fact that, with but one exception, no sedative can now be procured at as low a figure as before the war. The single exception is Neurosine. It is true that the price of this preparation was for almost a year 50 per cent. above the pre-war quotation, but on November 1, 1916 the price was reduced. Neurosine can now be procured at the old rate—8 oz. bottle \$1.00, 4 oz. bottle 50 cents, 2 oz. bottle 25 cents.

In view of the above it would seem that the present is an opportune time to thoroughly test this preparation, which has excited so much favorable comment in recent years. It is reported to be unusually potent and free from danger of habit-forming and immediate evil effect. Neurosine possesses, if this is true, a wide field of usefulness in the treatment of nervous and mental cases. Now, that its use means an economy of from 25 per cent. to 200 per cent., is an excellent time to become acquainted with its merits.

Pituitrin in Two Strengths.

The pituitary extract formerly known as "Pituitrin" and supplied in ampoules will hereafter be designated "Pituitrin O." A second preparation of the pituitary gland, bearing the title of "Pituitrin S," is now announced. Pituitrin S is approximately twice the strength of Pituitrin O. Both products are manufactured by Parke, Davis & Co.

Pituitrin O (obstetrical) is intended primarily for use in delayed parturition due to uterine inertia. It has been called "an indispensable item in the armamentarium of the obstetrician."

Pituitrin S (surgical) is indicated specifically in the treatment of post-operative intestinal paresis, vesical atony, hemorrhage, shock, etc. It is of the utmost utility in the hands of the surgeon and internist.

Pituitrin O is supplied in ampoules of 1 mil (1 c. c.) and $\frac{1}{2}$ mil ($\frac{1}{2}$ c. c.). Pituitrin S is supplied in ampoules of 1 mil (1 c. c.) only.

"I prescribe large quantities of Tongaline for many conditions for which it is particularly indicated, but I obtain especially gratifying results from its use for what are commonly called "colds," the symptoms of which are chills, fever, sneezing, coughing, etc., and for which the system requires, first of all, prompt and thorough elimination.

I order 4 ounces Tongaline, directing that two teaspoonfuls be taken in a half glass of water, preferably hot, every two hours for three or four doses or until the patient is thoroughly under the influence of the medicine; then one teaspoonful every three hours, until the attack has been aborted or the patient has recovered.

I have personally derived great benefit from Tongaline for "colds," taking it on the first appearance of any of the symptoms and in nearly every instance abort the disease and I use several bottles of Tongaline myself during the winter months in that way."

Medical Journal Changes.

We regret to learn that the Cincinnati Lancet-Clinic has ceased publication. The Lancet-Clinic was the product of the consolidation of the Lancet and Observer and the Clinic, the latter being the first medical weekly issued west of the Alleghenies, and was for many years a journal of high standing and authority.

The Louisville Monthly Journal of Medicine and Surgery has become the official organ of the Mississippi Valley Medical Association and has taken the name of the Mississippi Valley Medical Journal.

The Texas Medical News has died and been reincarnated as Medical Insurance and Health Conservation.—Ex.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR.

CHARLOTTE, N. C.

A NEW NATIONAL MEDICAL SOCIETY.

On December 28th and 29th last there was held in New York City the first meeting of a new society which its founders claim has for its purpose the development of the science and practice of internal medicine. It is intended to do for the internist what the American Congress of Surgeons does for surgeons, indeed the society has been named the American Congress of Physicians. About six years ago, Dr. Heinrich Stern of New York City suggested that there ought to be in the United States an organization similar to the internal medicine societies which exist in England, France and Germany. Many other clinicians in this country have held the same view but nothing was done by way of organization until about one year ago when steps to incorporate were taken by several New York physicians under the leadership of Dr. Stern. The officers chosen were Dr. Reynold Webb Wilcox, president, Dr. Heinrich Stern, secretary-general; besides these a council of twenty physicians residing in various eastern cities were selected.

The recent meeting was attended by upwards of one hundred physicians representing most of the large eastern cities and applications for membership and letters expressing interest were received from several hundred others who were unable to attend because of the short notice given. The scheme of membership is similar to that in the American Congress of Surgeons. Any medical practitioner can become a member of the society and attend its meetings by paying a nominal fee. Internists who meet certain ethical and scientific qualifications may be elected to the degree of Fellow of the Congress by the council. At the recent meeting, upwards of forty were made Fellows.

To the physicians of the United States this movement is of much concern. With the multiplicity of medical societies, both local and national, one may well ask himself, is such a society needed? Is not the field already covered?

Internal medicine has not received the attention which it merits in this country. In communities where large medical schools and research institutes exist,

the field of the internist is more or less clearly defined, but outside of these medical centers the practice of internal medicine is largely in the hands of the general practitioner who embraces in his work as a rule, not only internal medicine, but also one or several of the recognized branches of medicine including such major surgery as his courage and patients will permit. This attempt by the general practitioner to cover the whole field of medical science, more than anything else has served to keep the plane of internal medicine on a low level. Indeed it may be said that the majority of American hospitals are in the hands of the general practitioner. While it is true that practically all hospitals recognize the various medical specialties and that both medical and surgical staffs will be found in most of these institutions, it is also true that nearly all surgeons do more or less medical work. Outside of large teaching hospitals, the exceptions to this rule are rare. The young medical graduate fresh from college where he has been taught methods of precision in study begins his medical career in one of these institutions. He rapidly learns that his "chief of staff" in the press of a large practice has little acquaintance and consequently little use for the difficult and technical methods of investigation except those of the rapid fire order. He further observes that the medical practitioner for various well-known reasons pays but little attention to the intimate study of the disease, with the result that diagnosis where possible is often entrusted to the medical surgeon. He furthermore observes that the study and treatment of diseases by surgical procedure is not only spectacular, but, what is more important to the beginner, more lucrative. When the young physician has finished his internship and starts out to earn his living he soon finds that he has to compete with his former surgical chief in purely medical work. The glamour and fame which a little surgical reputation gives to a practitioner makes him so in demand that he is called by the uninformed and indiscriminating public on all kinds of medical work. In the public mind at the present time, the ability to do a simple surgical operation presupposes a complete knowledge of all the sciences underlying the healing art. The inability or unwillingness to do surgery to the laity is prima facie evidence of limited medical competence. The young practitioner therefore not only has to compete in medical work with his older surgical colleague, but he is also compelled very frequently to call him into consultation on purely medical problems. The beginner, of course, is ex-

pected to defer to his older medical-surgical colleague in all matters of surgery, to do otherwise would be reprehensible. The net result of this quasi scientific work has been that the majority of young physicians in self-defense are doing their own surgery. When poorly trained, inexperienced men attempt to do that for which they are not fitted, it is clearly obvious that the highest order of work is not done. Hence we see not only inefficiency and incompetence in the surgical practice of the beginner but we also see the same type of internal medicine practiced by the so-called medical surgeons.

For the foregoing reasons, many of the thoughtful leaders in medicine have felt that something should be done to excite a new interest in the scientific study and treatment of disease and that an attempt should be made to educate the popular mind as to the value of internal medicine as a field of special endeavor.

How is this difficult problem to be solved? Obviously the medical schools have failed. The graduates of our finest colleges are as helpless in the face of the situation as are those from less well known institutions. The movement, whatever it is, must be nation wide; it must be an educational force and it must raise the dignity of the profession. It must be of a character to inspire physicians to make greater sacrifices and to strive for higher achievement. Finally it must reward men in some way by differentiating them from their less worthy and less ambitious fellows.

There are numerous medical societies in this country which have attempted to solve this problem, but they have not met the situation. The highly trained college and scientific workers have an organization which is doing magnificent work. Unfortunately it is closed to all but a few. The annual meeting of the American Medical Association is a splendid meeting at which one may refresh himself in the broad general problems of medicine. However, it is too general in character, too much like a ten ring circus for a clinician to focus his attention or get much specific information along the special lines of internal medicine.

The realization of all the foregoing has led the instigators of the present movement to form the American Congress of Physicians. A very serious responsibility rests upon its founders. They can use it as a means for gratifying personal vanity and for self-advertisement or they can use it for the more noble purpose of placing American medicine on a higher and more scientific plane.

The American Congress of Surgeons had its inception among the great surgical leaders of this country whose integrity and purpose could scarcely be questioned. In spite of some mistakes in its lack of conservatism, it has been a great success and as time goes, it undoubtedly will be productive of much good. The personnel of the American Congress of Physicians is much less well known. Its deliberations will be viewed with suspicion and doubt by many and with apprehension by all who have the interests of the profession at heart. It is to be hoped that if its leaders are true to the ideals and aims set forth in President Wilcox's inaugural address that internists throughout the country will rally to its support and make it what it should be, a real congress of American scientific physicians.

"W."

SPECIALISTS.

Men are not fit to become specialists until they have engaged in general practice for some years. The general practitioner should merge into the specialist by a regular cycle of evolution and transformation. The human body is not a machine in the sense that one organ after another can be removed, cleaned, repaired and replaced, and the whole set to work again! No man should undertake to learn and practice upon the anatomy one part, without first becoming acquainted with the whole. The symptoms of disease are so varied, and often remote from the original cause, that were a man to know but a smattering of general physiology, and undertake to be a specialist, he would, as many do, find himself perfectly at sea, without slightest knowledge of the true nature of the case.

The question is not one of such superior knowledge *per se*. We have many practitioners who are well up in all the branches, and who keep up with the advance of medical science; men who are studious and industrious; and so far as positive knowledge is concerned, can give advice on all subjects pertaining to the practice of medicine. But, generally speaking, the far greater majority of them prefer to encourage specialism, because their inclinations are to avoid such cases as are unpleasant, difficult, and of uncertain character.

It would be natural to summon a gynecologist in a very difficult or doubtful case! Many cases demand the services of a specialist. To them we look for the future advancement and discoveries in

medical and surgical science. They should be specially expert, however.

In the various fields of special pathology, there come those who tear loose the fascia under which lie all the secrets of proliferation, cell life, production and reproduction, until we shall finally know and be able to control the incipient causation of not only epidemic, contagious and zymotic diseases; but also of heteroplastic, cellular, and malignant growths.

F.

TOO MUCH, IS TOO MUCH OF ANYTHING.

But there are those, who seem to think that too much is just enough.

Once upon a time, in the month of January, in the year of our Lord, one thousand nine hundred and eleven, I was called to attend a confinement. A primippe, age nineteen; a large, strong, healthy woman.

In a few hours, a fine, nine-pound baby was born. Everything normal in that happy-go-lucky manner, as is usual on such occasions, where domestic love and contentment reign supreme, and the new born heir is the uncrowned king of all it surveys, and more.

I saw them daily, for three days, as is my custom on such occasions, then, as they were both doing fine, I discharged them.

In the night of the fifth day, I was called—hurry up.

I found her with fever; full, rapid circulation bounding circulation; she was tossing about from one side of the bed to the other; talking, this that and the other, apparently not caring what she said, nor how she said it; hurry up doctor, I'm going to have another baby, I know I am; why, I'm bigger now than I was the other time.

What has she been eating? O nothing much, came the answer. I noticed on the commode, in the bedroom and at the bedside, a glass partly full of lemonade, a dish full of oranges and orange skins; a side dish partly full of lima beans; and then to top it out nicely, a pint bottle less than half full of whiskey.

Has she been taking lemonade? Well she wanted it, and we just gave her a little.

Has she been eating oranges? Just a few, Doctor, but she just sucked the juice out of them. She didn't eat any of the pulp; we didn't think that could possibly hurt her.

I see a dish of lima beans there, has she been eating beans too? Do you think,

Doctor, that we are going to just let her lie there and starve? She was hungry and we had to give her something, and I'm sure all the lemonade she drunk, and all the oranges and beans she ate won't hurt her.

The facts are, she was drunken, silly drunken. They had given her to eat and to drink, till she was filled with what she could not digest, assimilate nor eliminate; then they gave her whiskey to quiet pain, made her drunken, made her unconscious of her condition, incapable of self-criticism.

I used the syringe with no avail, then the syringe through a long rectal tube (thirty-inch tube) which brought relief; and after two hours' work, I left for home, to return on the morrow.

Next day she was fairly easy, but exhausted from the effort of the night, and relaxed from the effect of her midnight jag.

Then I proceeded as smoothly as I knew how, not to offend, farthest from it, but to caution the nurse, who on this occasion, chance to be the mother, and the new-made grandmother, about the danger of the use in my estimation, of ice lemonade, oranges, lima beans, and more than all whiskey. I told her it was not my custom at all in such cases, and if she wanted her daughter to get well, and wanted to please me, not to use any more.

Then came the new-made grandmother's turn, and she soon and in no uncertain tones, gave me to understand, that she'd had more children than I had ever had, ten in number (and that beat me just ten). That she always had whiskey, when she had a baby; that she always ate whatever she wanted. That she was going to care for her daughter, and that she was not going to let her starve in a land of plenty, go thirsty for want of a drink, nor writhe in pain for the lack of a little whiskey; but she added, I'll not give her enough to hurt her.

But see here grandma if you are going to persist in giving this woman whiskey in any quantity, you must get another doctor, I won't tolerate it.

She then gave me to understand that I was'n't the only doctor in the city; that she wasn't married to me and if she was the divorce laws of the State were easy; that she had no strings to me; and that I could side track whenever I cared to; that was my privilege.

Get another doctor, grandma, I'll not be back.

They got another doctor, who happened to be a brother-in-law, and who pos-

sibly knew how to manage the condition amicably, and mutually.

The woman died in a few days. The baby, the father and the grandmother pulled through in fine shape, but I have never heard from my bill.

I have never learned what was ascribed, on the death report, as the cause of death. But I know it was too much lima beans and whiskey; too much lemonade and too many oranges.

Having been constantly in the practice of medicine for thirty-five years, and having more than a thousand babies to my credit, I thought a duty I owed the profession to speak.

I haven't written this article for the intelligence of physicians who have been a score or more of years in the profession, but for the young men in the ranks, that when they too, run up against an old hen like this, which they will, they may be fortified.

Young man don't think because you're gallant and bright, and handsome, you'll be exempt; rather think because of the fact the devil will single you out for a target, for every old tartar to shoot at; and she'll hit you too, as she did your fathers.

They say, every dog has his day. Doctors do too. Your day is coming; we've had ours.

"Don't think I told this to take up time; There is business in it;
And he who will take, and heed it,
Is welcome to the time it took to give it."

SYMPATHY.

A doctor should not be harsh, hard-hearted and unsympathetic! He should be kindly, gentle and sympathetic. It is the most grateful thing in the world, where there is a life hanging by a slender thread. Many times where there is mental anguish and heart-breaking anxiety, the presence of the good physician is appreciated beyond expression. If he can no longer minister to the dying, he can at least be a solace to the living. There seems to be something heartless for a physician to pronounce a case hopeless and abruptly leave the grieving family to face the approaching death without the closing ministrations of that physician. Stay by them to the end. It will pay!

IMPORTANT.

A correct and prompt diagnosis is half the cure! The ability to differentiate symptoms is the only sure means of de-

termining the specific disease. Too many physicians are merely symptom doctors, and they are slow in diagnosis. Accurate diagnosis is an art. The special features which characterize some particular ailment, must be arrived at by a sort of eliminating process. It is separating the wheat from the chaff—the gold from the dross.

It is certain that not enough care and study are given toward a prompt diagnosis. There is too much guess work and carelessness in treatment; and firing in the dark is not likely to hit the mark. Shot-gun prescriptions scatter! Know what you are aiming at, and fire rifle shots.

EDITORIAL NEWS ITEMS

Dr. W. P. Holt, Duke, N. C., is absent in Philadelphia and New York for a few weeks attending clinics.

A recent public meeting in Norfolk, Va., contributed \$481.90 to the securing of medical relief work in Palestine.

Orangeburg, S. C., is taking steps to secure a county hospital under a recent special act of the Legislature authorizing its establishment.

Dr. Eugene Cocke, a native of Asheville, N. C., but for some years past connected with one of the Brooklyn, N. Y., hospitals has resigned and resumed practice in Asheville, N. C.

Dr. Bernard H. Walker, for a number of years since, a retired physician, passed away at the home of his son, Dr. Howland H. Walker, Norfolk, Va., January 1, 1917, in his 91st year.

Dr. A. C. Watson, late of Dowling Park, Fla., has removed to Belton, S. C. He is a graduate of the Medical College in Charleston and in returning to his native State receives a generous welcome back.

Dr. Claude L. Pridgeon, Wilmington, N. C., was elected Grand Master of Masons in North Carolina at the recent annual communication of the Grand Lodge held in Raleigh, January 16-18, 1917.

Dr. C. S. Lawrence Winston-Salem announces the immediate erection of a surgical hospital in that city to be three stories high, fire-proof construction, and containing 20 rooms and two wards.

The equipment to be high grade in every particular.

Officers have been elected for Spartanburg City Hospital as follows:

Dr. H. R. Black—President.
Dr. J. L. Jeffries—Vice President.
Drs. H. R. Black, L. J. Blake, J. H. Allen, J. L. Jeffries, G. W. Heintish, and A. R. Fike—Directors.
Prof. A. M. DuPre—Vice Dean.
Miss Marie Zelfelder—Secretary.

It is stated the City of Greenville, S. C. will purchase the City Hospital in that place thereby enabling a ready adjustment of the differences that existing between the board of governor and the visiting staff for sometime have jeopardized to an extent the usefulness of this excellent institution.

Dr. C. M. Kuykendall, a retired physician of Rock Hill, S. C. died in that city on January 5, 1917, following a brief illness. He is survived by two sons, his wife having died two years previously. Dr. Kuykendall practiced in the community for a number of years and was highly esteemed as physician and man.

Dr. L. E. Flannagan, formerly demonstrator of anatomy, University Va., and recently city physician of Charlottesville, Va. has tendered his resignation to the city on account of failure to receive the desired financial support, and accepted the position of chief surgeon to the Pocahontas Mining Co. with headquarters at Apoka, West Va.

Dr. Leslie R. Wiggs, formerly Professor of Pharmacology in the Medical College of Virginia, more recently a surgeon in the Naval Reserve Corps U. S., has been stationed in charge of the naval recruiting station at Richmond, Va. since his "call to the colors" some months since.

Dr. W. T. Paul died in the Soldier's Home at Raleigh, N. C., January 1, 1917 at the age of 69 from a self-inflicted bullet wound through his heart. He was a brave Confederate soldier, a native of Pitt County, N. C., and at one period of live gave promise of much success. Neurastheniac tendencies later curtailed his usefulness and probably induced his rash ending.

The Sumter County Medical Association, Sumter, S. C., held its annual election December 28, 1916 and elected as

follows:

President—Dr. T. R. Littlejohn.
Vice-President—Dr. Archie China.
Secretary-Treasurer—Dr. M. L. Parler.
Delegate—Dr. C. J. Lemon.
The meeting was well attended and later a buffet supper was served.

Dr. Walter Brem, originally from Charlotte, N. C., announces that he will extend the scope of his work to include general diagnosis and the practice of internal medicine. The clinical laboratory will be conducted by Brem and Zeiler as heretofore. 1209 Brockman, Bldg., Los Angeles, Cal.

Dr. Fred L. Potts has located in the attractive little city of Vanceboro, N. C. Dr. Potts who has been a very successful practitioner in Spartanburg, S. C., for many years, has returned to North Carolina, and selected this very beautiful place in which to live and practice, and this is a circumstance that the medical profession of this State should appreciate very much.

Cities and Towns in the State of South Carolina have endowed no less than 24 beds in the State Tuberculosis Sanitarium at Columbia, S. C., through the field work of an agent of the South Carolina State Board of Health. The Legislature will be asked for appropriations for two additional wards, an infirmary and a dining hall, provision having been made at the last Legislative session for 32 beds.

Dr. Louis G. Beall, formerly with Dr. I. M. Taylor at Broad Oaks Sanitarium Morganton, N. C. has removed to Asheville, N. C. where he will be associated with Dr. Bernard Smith in the conduct of Appalachian Hall an institution devoted exclusively to the care of nervous disorders, mild mental affections, and alcoholic and drug habitues. A new building especially for the use of male patients is now under construction.

The North Carolina State Sanitarium for Tuberculosis, Sanitarium, N. C., announce that all persons desiring to visit the Sanitarium for the purpose of taking advantage of a free examination in cases of suspected tuberculosis, must make engagements before coming, and apply between the hours of 8 and 11 a. m., otherwise a nominal fee of \$5.00 will be charged each patient coming. During 1916 411 free examinations were made in as many patients visiting the institution for this purpose.

Drs. Bernheim and Harvey Stone, Baltimore, Md., addressed the Roanoke, Va., Academy of Medicine January 15.

Drs. C. B. Nance, Monroe; W. McCain, Waxhaw, and S. A. Stevens, were recently elected the health board of Union County, N. C.

Virginia's Legislature during the present session is expected to provide an emergency fund to care for epidemics and emergency conditions arising in connection with the public health work in that State.

"Feeble-Mindedness" was the subject of some recent special addresses before the classes of the South Carolina Medical College in Charleston, by Dr. Paul M. Rea of the department of physiology and embryology.

Dr. Wm. Seaman Bainbridge, New York's well known surgeon, will be the guest of Charlotte, N. C., physicians the week-end of February. He will also attend the sessions of the Tri-State Medical Association in Durham February 21-22.

Much criticism was aroused in Columbia, S. C., over the city council's action in reducing the salary of the municipal health officer from \$1,800.00 to \$600.00 per annum, and it is thought a reconsideration, and restoration of the former figure will result.

The South Carolina Legislature recently elected the following well known South Carolina doctors trustees of the Medical College of the State of South Carolina: Drs. R. E. Hughes, W. W. Fennell, W. S. Lynch, H. H. Wyman, Sr., and J. M. Davis.

Richmond, Va., authorities recently issued a building permit for the construction on the site of the old Medical College of Virginia building of a new Memorial Hospital for Colored to be seven stories high, and to cost \$129,000.00. Work begins at once, and it is expected to have the building ready for occupancy in the autumn of 1917.

The York County Medical Society of South Carolina recently voted to ask the State Legislature for an appropriation of \$2,000.00 for the purpose of making a health survey of the county. The cost to be \$6,000.00 of which it is expected to have the State pay one-third, the Rockefeller Institute of New York one-third,

and the county the other third.

Following closely in the wake of the Medical School which was last year officially recognized as a Class A. Medical College, the Pharmacy School of the South Carolina Medical College at Charleston was recently admitted to the rank of Class A. Pharmacy Colleges.

Dr. D. C. Absher, whole-time health officer of Vance County, N. C., is the reputed author, so the newspapers say, of a meritorious measure now before the North Carolina Legislature providing for the establishing of a State Board of Examiners for health officers. Dr. Absher has done some splendid work as a health officer and knows what it takes to fill the job well.

The Dinwiddie County, Va., Medical Society in January elected the following officers:

President—D. C. T. Jones.
Vice-President—Dr. F. J. Wright.
Secretary—Dr. W. C. Powell.
Treasurer—Dr. A. F. Bagby.
Delegate—Dr. W. C. Powell.
Alternate—Dr. G. H. Reese.

Dr. J. A. Lewis, a colored physician of Richmond, Va., was recently sentenced to a year in the penitentiary for issuing a death certificate on which he collected the insurance policy of a negro woman who was still living and appropriated the funds to his own use. A higher court affirmed the judgment of the lower court, after it was discovered that the woman was still living, and the facts in the case became known.

Dr. T. M. Cherry died at his home in Norton, Va., December 10, 1916, after a short illness. Dr. Cherry was a native of New Plymouth, Ohio, and a graduate of the College Physicians and Surgeons, Baltimore, Md., 1891, a member of the Wise County, the South West Virginia, and the Virginia State Medical Societies, a practitioner of repute in his community, and a useful citizen.

Seven North Carolina cities were designated by the recent session of the W. N. C. Conference of the Methodist Episcopal Church, South, as possible locations for the establishing of a large hospital. The suggestion was also made that a donation of \$10,000.00 and a suitable site would also aid in determining the location of the hospital which would be capitalized at \$150,000.00. In some of the

cities mentioned there is an active movement on foot to secure the hospital location.

Dr. Kenton Harper Trimble, Monterey, Highland Co., Va., passed away while sitting in his chair at home, December 23, 1916. Dr. Trimble was a graduate of the University of Virginia, 1884, and of Bellevue Hospital Medical College, 1885, a member of the Virginia State Medical Society, and a practitioner of repute in his section of the State.

Dr. Benton F. Tatum died at his home in Stuart, Va., following a recent operation on December 29, 1916, leaving a wife and four small children. Dr. Tatum was a graduate of the University of the South, class 1901, and taught obstetrics in the training school for nurses in Stuart, Va., for some time. He was an active member of the Virginia State Medical Society, a physician of character and erudition, and a frequent contributor to the current literature of the profession.

The Endowment Fund of the Protestant Hospital, Norfolk, Va., now amounting to more than \$42,000.00, has recently received a substantial addition to the extent of \$8,000.00, being a legacy accruing to the institution through the death of a former patient, Miss Mary McKey who was very appreciative of her care during a residence in the hospital.

The Post-Graduate Course for Physicians in North Carolina held during the summer of 1916 under the joint auspices of the State Board of Health and the State University in 12 towns of the state was attended by 185 physicians and was pronounced on all hands a decided success. This new move, inaugurated for the first time in North Carolina, of having a traveling post-graduate school for practitioners of medicine, will be enlarged, improved, and continued, it is said, during the summer and autumn of 1917.

Dr. William C. Sandy, one of the medical directors of the Insane Asylum at Columbia, S. C., is about to take a two months vacation; during this vacation, his plans are to conduct, under the auspices of the Public Charities Association of Philadelphia, a survey of the county institutions for the insane in that state. Dr. Sandy is so well known and so competent in his work, and his thoughts and instructions are always so timely and practical, that we feel sure they will be

very much appreciated and very valuable to the medical profession of that state.

More than Forty-five Doctors Attended the Annual Meeting of the York County, South Carolina Medical Society held in York, S. C., December 8, 1916. Dr. Curran B. Earle, Greenville, S. C., President of the South Carolina State Medical Association, was programmed for an address on "Organization among Medical Men." "Infant Mortality," was the theme of a specially instructive address by Dr. E. A. Hines, Seneca, S. C. A dinner was served the members. Dr. W. W. Fennell, Rock Hill, S. C. was elected President, and Dr. C. O. Burrus, Sharon, S. C., Vice-President.

The Tri-State Medical Association of the Carolinas and Virginia will hold its next meeting in Durham, N. C., on February 21-22. The President of this Association, Dr. J. Allison Hodges, of Richmond, Va., desires to extend to each member of the Medical Society of the State of North Carolina a cordial invitation to be present at this meeting and to participate in its scientific proceedings. Chas. O'H. Laughinghouse, President; Benj. K. Hays, Secretary.

The Medical School of South Carolina, located in Charleston, will, from now on, admit women to the Medical Department. The trustees of this very fine medical college decided upon this a week or so ago. This meeting was held at the Governors office in Columbia. Dr. Robt. Wilson, Jr., Dean of the College recommended that this be done, and the Board unanimously approved of his advice.

The question of establishing a Chair of Public Health was also discussed at this meeting by the Trustees.

The semi-annual meeting of the Orangeburg County, S. C., Medical Association was recently held in Orangeburg. Officers were elected as follows:

President—Dr. G. H. Walter.
Vice-President—Dr. G. W. Neville.
Secretary-Treasurer—Dr. H. T. Schiffler.

A canvass is being taken to secure funds for the erection of a county hospital at Orangeburg, and is meeting with gratifying success.

The Mecklenburg, N. C., County Medical Society very promptly took formal action assuring Gov. T. W. Bickett of North Carolina, of their hearty support and appreciation of his advanced position

in the inaugural address relative to the suppressing the sale of secret medicines in the State. In this admirable address our erudite Governor assumed advanced positions on a variety of subjects other than public health, that will commend him to all as both a gentleman who thinks wisely and is not afraid to speak out plainly to his people.

The South Carolina Medical Association will convene in Spartanburg, S. C., in April next. I understand that very extensive preliminary preparations are being made to make the meeting a very great success. The Journal will give a full description from time to time of any items of news that might interest the friends and visitors of the approaching meeting of that magnificent and useful medical society, or any publicity that its officials might want to appear in The Charlotte Medical Journal.

The Greenville, S. C. City Hospital, according to the local city papers continues to figure more or less prominently as an inciter of lengthy articles in the South Carolina newspapers. Naturally in due course of time, we feel sure the difficulties will all be adjusted to the satisfaction of the cultured ethical gentlemen of the profession in that choice Southern city, and the sick poor of the community again receive the full measures of high grade medical and surgical service to which they have been accustomed.

New Negro Hospital For Richmond, Va.—A contract was recently let for the building in Richmond, Va. of the largest and most complete hospital in the South exclusively for negroes. The building will be seven stories in height, and will provide fifty private rooms besides elaborate wards, nurses home, operating rooms, and a contagious disease pavilion. It is contemplated to open the hospital November 1, 1917. Dr. Stuart McGuire, Richmond's well known surgeon, is the medical member of the board of five gentlemen entrusted by Richmond citizens with the responsibility of constructing the new hospital.

In Beautiful Hollywood Cemetery at Richmond, Va., on January 11, 1917, was laid to rest the mortal remains of the late Dr. John W. Anderson for many years an esteemed citizen of Henrico County, Va. Dr. Anderson was born in Hartford, Md., in 1834, and was graduated from the University of Maryland. He practiced his profession in Alabama prior

to the war of secession, during which he early became connected with the Confederate service serving as engrossing clerk of the Confederate Senate at Richmond, Va. Following the war he studied law and was admitted to the bar and with his son continued in legal practice until recently.

The Fifty-Fifth Session of the Southside Virginia Medical Association met in Petersburg, Va., December 13 under the Presidency of Dr. H. A. Burke. A meeting of unusual interest was held terminating with an enjoyable banquet. The session of 1917 will be held in Hopewell, Va. Officers were elected as follows:

President—Dr. Joel Crawford, Yale, Va.

Vice-President—Dr. F. J. Wright, Petersburg, Va.

Vice-President—Dr. James H. Hargrave, Hopewell, Va.

Vice-President—Dr. E. W. Young, McKenney, Va.

Secretary-Treasurer—Dr. E. F. Rees, Courtland, Va.

The completed registration in the Medical College of Virginia for the year 1916-17 show an attendance of 412, divided as follows:

Students of Medicine, 229; Students of Dentistry, 102; Students of Pharmacy, 81. With a most capable and scholarly corps of teachers and instructors, this excellent old representative of the best in Southern Medicine, continues a leader in attracting students of representative young men from various states, and in inculcating in them principles of correct medicine and ethics as well, using the latter term in its broader sense. May its usefulness, under an enlarged charter, continue to increase and bless the profession of the South.

The Southside Virginia Medical Faculty attended the annual meeting of the Petersburg Medical Society of Virginia. The members of the banquet of the association paid a very high compliment to the local hotel and the local physicians. The banquet was very enjoyable and the visitors were very enthusiastic of their praise of this social feature of the meeting, and it was certainly very enjoyable.

The interesting feature of the meeting was the election of officers for the ensuing year. The result was as follows: Dr. Joel Crawford, of Yale, president and the re-election for the ninth consecutive year of Dr. E. F. Reese, of Courtland, secretary, were elected. The banquet

was one of the most delightful in the history of the Association.

A New Sanatorium—Dr. C. A. Sutton, fellow of the American Medical Association and a member of the Tri-State Medical Society, has recently announced that he will have open by February 15th, to receive patients a fine Sanatorium for the exclusive treatment of women and children, at Beaufort, N. C.

Dr. Sutton has had many years of experience and specialization in work among women and children, and there is no doubt in my mind but that he will make a great success of this new enterprise of his. He offers his prospective patients the best kind of care and the best kind of treatment while at his Sanatorium. I think it is quite wise for him to add this facility to do his best work.

Monument to Dr. W. C. Norwood of Verum Viride Fame.—Drs. G. A. Neuffer and C. C. Gambrell of Abbeville, S. C. are members of a committee recently designated by the South Carolina State Medical Association to erect a monument in Long Cane Cemetery, Abbeville, County, S. C. to the memory of the late Dr. W. C. Norwood who died in Abbeville, S. C., July 15, 1884.

Dr. Norwood, it will be recalled achieved world wide fame in connection with his studies of verum viride, and acquired quite a substantial competency through his royalties on the sale of "Norwood's Tincture." He was a graduate of Castleton University, Vermont, but spent the major part of his life in Abbeville County, S. C., dying at the age of 78 at Hodges, S. C.

Dr. Hugh Trout, Roanoke, Va. delivered an address of more than passing interest at the Y. M. C. A. in his home city December 10, on "Medicine as a Profession." The speaker said that in order to understand the significance of any subject one must have in mind its historical setting. Dr. Trout then with rare simplicity and charm of manner told of the beginnings of modern medicine, and its struggle upward through the ignorance and superstition of the Dark Ages. For a long period of time medicine and the church, though both were seeking to ameliorate the lot of men, were suspicious of each other. Only in comparatively modern times have they gone hand in hand in their common aim—the physical and spiritual uplift of the race. Dr. Trout told in half humorous, half serious way of the trials and difficulties the physician

must face in his profession, but declared that to the man whose heart is in his work it presents almost unrivalled opportunities for service. The speaker closed by describing in an earnest and convincing manner the part that clean living and true Christianity must play in the life of every man who stands for ideals in life.

Dr. Matthew W. O'Brien.—In the passing of Dr. Matthew W. O'Brien of Alexandria, Va., on December 28, 1916 his home city loses one of its most popular practitioners, and the Southern Railway an appreciated member of its surgical staff.

Dr. O'Brien was graduated from the Medical College of Ohio in 1876, and later studied at the New York Polyclinic. He was a member of the Virginia Medical Society, of the Southern Medical and American Medical Associations, an active Mason, local surgeon of the Southern and C. & O. Railways. A clever companionable gentleman, he made many friends within and without his profession. He was a communicant of the Episcopal church and a man widely beloved by his intimates. Mrs. Virginia Evans O'Brien, his wife, three sisters and a brother survive him.

Dr. Chas. N. Wyatt, Easley, Pickens County, S. C. died at his home December 27, 1916 at the age of 55 years, following a lingering illness from nephritis.

Dr. Wyatt filled a warm place in the hearts of a large clientele in his own and adjacent counties, and was esteemed by his confreres of the profession, being President of the Pickens County, S. C. Medical Society several terms. A graduate of the Southern Medical College in Atlanta, he was active in practice for nearly 30 years, and achieved wide popularity as physician and man as well. He was local surgeon to the Southern Railway, a member of his local and state medical organization and affiliated with the national association. He was also an active member of the masonic craft, a Knight of Pythias, and a member W. O. W. Dr. Wyatt is survived by his wife, a former Miss Pickens, two sons and three daughters and two brothers of the medical profession, Drs. E. P. and W. R. Wyatt.

Spartanburg, S. C., and the Tri-State Medical Society.—It pleases the editor very much to have the thought that the medical profession of Spartanburg, S. C., and also the Spartanburg County Med-

ical Society have the willingness and a decided inclination to invite the next meeting of the Tri-State Medical Society to convene in that sprightly, up-to-date city of South Carolina.

It certainly would be a very pleasant circumstance as I look at it. Please go to Durham, gentlemen, prepared to take the society to Spartanburg the next time of the annual meeting, and I will congratulate you many, many times and I want to assure you that I will do everything that I can as editor of this Journal to pursue the Association to go to that substantial and beautiful city of yours the next time it convenes.

At the Annual Session of the Southern Surgical and Gynaecological Association held at White Sulphur Springs, Va., December 13-15, 1916 a number of admirable papers were presented by leading surgeons of the South. With a limit to its membership, only a few new members were elected from a waiting list of more than two score. The following were elected officers:

President—Dr. W. D. Haggard, Nashville, Tenn.

Vice-President—Dr. J. Ernest Stokes, Salisbury, N. C.

Secretary—Dr. H. A. Royster, Raleigh, N. C.

Treasurer, Dr. LeGrand Guerry, Columbia, S. C.

The session of 1917 was voted to be held in St. Augustine, Fla.

Rear Admiral Cary T. Grayson M. D.—It was a graceful and merited compliment President Woodrow Wilson paid his personal physician and friend Dr. Cary T. Grayson passed Assistant Surgeon U. S. N. in recently nominating him for the post of Rear Admiral.

Dr. Grayson is a native of Virginia, a graduate of the Virginia Medical College in Richmond, and an officer in the United States Navy for the past ten years. During the past several years he has been attached to the White House as the personal physician to the President, filling this post most acceptably to President Taft, and later to President Wilson.

It was reported immediately following the nomination that opposition would be made to his confirmation by the Senate on account of his being advanced over the heads of a number of other medical officers of the service, but doubtless the President's wishes in the premises, coupled with Dr. Grayson's acknowledged fitness for the promotion, will pre-

vail and ere these lines are read the higher rank will have been accorded him.

The editor of this Journal has just received a letter from Dr. Joseph Graham, a very prominent and skilled surgeon of Durham, which is the next place of meeting of the Tri-State Association of the Carolinas and Virginia, and in this letter he makes the statement that he feels sure, from his knowledge of the environments and situation, that there will be at least 100 eligible physicians who will attend this meeting who are not now members of the Tri-State Association, and he states that he is making arrangements to have two or three young ladies act as registrars, who will look after the physicians who attend the meeting who are eligible for membership, and persuade them to become members.

This is a fine thought of Dr. Graham's and there is no doubt in my mind but that it will be the means of bringing in a great many new members. We congratulate Dr. Graham on his energy and intelligent forethought in the case.

Dr. Hugh McGuire of Richmond, Va., one of the best known surgeons in the South has accepted an invitation to have charge of the medical and surgical clinics, to be conducted Thursday, February 22nd, at Watts Hospital, in connection with the Annual Convention of the Tri-State Medical Society to be held in that city on February 21-22.

Combined with the announcement regarding Dr. McGuire's clinical program made public, Saturday, February 3rd, a tentative program has been prepared for the Convention, which it is said will be the largest in the history of the organization.

At this meeting of the local committee, it was also announced that numerous prominent surgeons of the country, had been invited to this city for lectures and discussions. The medical profession and the city of Durham urges every member of the medical profession in this whole section of the country to be present at this meeting, and participate not only in the medical and surgical features but in the true social hospitality that will be extended the invited guests.

The program of this meeting is produced almost verbatim in another section of this Journal.

The Daily Press in Virginia announce that "beginning January 1, 1917 the physicians of Salem, Va. will practice at the following increased charges:

Regular day visit	\$ 1.50
Night visit	2.50
Office consultation	1.00
Labor cases	15.00

The new schedule of fees mark an increase of fifty per cent. (in one case 100 per cent.) in the prices customarily paid for medical services here."

Our congratulations are extended the profession of Salem, Va. and the above item printed as an illustration that the "increased cost of living" is affording a developing influence on the profession.

Dr. Julian Howard Allen, one of the most prominent and best known physicians of the city of Spartanburg, died at his home in Spartanburg, S. C., at 6.15 o'clock on January 25th. His death was due to an attack of tonsilitis.

Dr. Allen was born in Evansville, in the southern part of the county, March 23rd, 1869. Of course everyone knows that this community has for a century produced the highest type of intellectual activity and cultured habits and Dr. Allen was no exception to the reputation of this part of the State for producing a high type of manhood.

In 1900 he moved his home to Spartanburg, and since that time has built up one of the largest practices in the city. He was surgeon for the Charleston and Western Carolina Railroad and for the Carolina, Clinchfield and Ohio Railroad. He was ex-president of the Spartanburg County Medical Society, and of the Spartanburg Hospital, and at the time of his death was one of its directors. He was also president of the city board of health. He was a man of great professional value to his community, to his county, and to his State, and on account of his great practical accomplishments he aided Governor Manning a great deal to promote important and professional health matters that were, and are still now discussed in this State. Dr. Allen's death, as I interpret it, is a great loss to the citizenship of South Carolina.

Cumberland County Medical Society—

At a meeting held in Fayetteville, N. C., on January tenth, passed a resolution to invite the North Carolina Medical Society to meet in that city at its 1918 session. This invitation is to be extended at the Asheville meeting, to be held in Asheville, N. C., April 17, 18 and 19, 1917.

The editor would be delighted to have the North Carolina Medical Society meet in the hospitable city of Fayetteville at its 1918 meeting.

After the business session was over, a

very enjoyable banquet, at which the entire membership of the Cumberland County Medical Society was invited, was participated in.

At the business session, the members of the society unanimously voted to remind their representatives in the State Legislature of the injustice being done Fayetteville by that section of the vital statistics law, which charges all deaths in hospitals to the city in which they occur, regardless of the origin of the disease. The physicians there contend that Fayetteville particularly suffers in this respect, because of its excellent hospitals, which bring many people from a very wide territory in both North and South Carolina. In this way, they contend, there occur many deaths in that city, that should not go into the death rate of Fayetteville.

During this year the society will meet twice a month, and especial attention will be given to the discussion of interesting cases, in addition to the reading of papers.

On February 1, 1917, a new Journal will begin publication. It will be known as "Medicine and Surgery" and it will be edited by Doctor Philip Sprainka. Dr. Sprainka has severed his editorial relationship with the Interstate Medical Journal as Literary editor. Of course we all know of Dr. Sprainka and his literary qualifications; he is a fine gentleman professionally and in a literary way, and his editorialship and duties while connected with this fine Journal of medicine and surgery is sufficient to recommend him professionally and in a literary way to the medical profession.

The editor of this Journal is inclined to think there is no room in the medical Journal world for a new journal of this kind—yet we cannot tell much about this. If there is anyone who can establish an opening for an additional medical periodical, it is Dr. Sprainka.

The Nineteenth Annual Session of the Tri-State Medical Association of the Carolinas and Virginia will be held in Durham, N. C. February 21-22, 1917, under the Presidency of Dr. J. Allison Hodges, Richmond, Va. As the distinguished gentleman at its head this year truly says "Membership in County and State Societies is a duty every physician owes his Profession, as well as membership in the Southern and American Medical Associations, but I believe that the great majority of our Tri-State members will agree that affiliation with the

membership of this Association has been of great practical value, both professionally and socially." The annual meetings of the Tri-State bring in closer union, many of the leading spirits of the profession in three great Southern states and have been conducive to the development of most pleasant relations besides a helpful influence in a professional way.

The Durham County Medical Society is perfecting arrangements, and it is expected to make the 1917 session one of the largest and most successful in the history of the Society. Gentlemen contemplating membership, or members desiring to list titles for the program will kindly advise Dr. Rolfe E. Hughes, Secretary, Laurens, S. C.

Dr. William Seaman Bainbridge of New York City, one of the most prominent surgeons in America, will attend the meeting of the Tri-State Society in Durham, N. C.

The title of his paper has not yet been announced, or the exact hour at which he will read it has not been given. I will state, however, that the fact that Dr. Bainbridge of New York is going to attend the meeting contributes a great deal to the success of the approaching meeting.

He is not only one of the most beautiful writers and attractive professional gentlemen, but is one of the most skilled surgeons in the world.

Gov. Thomas Walter Bickett of North Carolina.—At Raleigh, N. C., January 11, 1917, there was inaugurated Governor of the State for a term of four years Gov. T. W. Bickett whose inaugural address affords marked evidence of most profound mastery of the many-sided governmental problems and possibilities confronting the Governor of a great State in the twentieth century.

Physicians as a rule are closer students of sociologic conditions than are lawyers and most publicists, making their diagnoses of the real environs of man at first hand, and with a preparation as well as an opportunity, for accurate observations, superior to that afforded most men. Hence no class of citizens are better fitted to note the things governmental or political that would likely benefit the race, than are the physicians of a community. Governor Bickett's well worded "Inaugural Address" will strike resonant note in the breast of not only North Carolina doctors of medicine, but those in distant States who have the opportunity of reading its well thought phrases

will be profoundly impressed with the belief that the two million four hundred thousand Carolinians have placed a real man in the executive chair.

With a preliminary note to the effect that he has no genius for destruction, and voicing a determination to promote every helpful constructive endeavor manifest in his people during his official term, Governor Bickett briefly touches on a number of vital things that pertain to the development of the State and its resources passing in due time to the work of the State Health forces whose work meets his most cordial commendation.

Continuing he said in part:

"I am in favor of a law making it a felony for any man to sell, offer for sale or advertise for sale in North Carolina any proprietary or patent medicine purporting to cure cancer, consumption, diabetes, paralysis, epilepsy, Bright's Disease, or any other disease for which the North Carolina Medical Association and the American Medical Association declare that no cure given to has been discovered."

Again, he said: "I am earnestly in favor of a law requiring all vendors of proprietary medicines to file with the State Board of Health a statement showing the exact composition of such medicines, and that the State Board be empowered to forbid the sale of such proprietary medicines in the State of North Carolina, if in its opinion it is without curative value in the treatment of the disease it purports to cure."

Another health measure advocated by Governor Bickett was that every child who enters the public schools should have at least twice a year a careful, physical examination. He not only endorsed the work that has been done by the State Board of Health in the past but recommended that it "be given ample funds to continue and enlarge its work."

With a Governor who thinks and speaks like this, North Carolina may well be congratulated, and his Excellency, may rest assured in his splendid campaign of constructive endeavor, he will find no more loyal and zealous co-workers than in the rank and file of the North Carolina doctors who are peculiarly capable of both "taking the measure" of political leaders, and also of aiding in developmental community work.

J. H. W.

The Selwyn Hotel, Charlotte, N. C. was the scene of a most beautifully appointed dinner on December 5th, 1916 in compliment to the thirtieth anniversary

of Dr. Edward Chancey Register and his wife, nee Miss Lavina Montgomery, and Mr. John B. Sherrill and his bride, also of 30 years, Miss Anna Montgomery. At the attractive home of the late Judge W. J. Montgomery, Concord, N. C., in 1886, his two lovely daughters, Lavina and Anna were wedded to Dr. Register a rising young physician of Duplin County, N. C., and to Mr. John B. Sherrill, the young editor of the "Concord (N. C.) Times." One year later Dr. and Mrs. Register removed to Charlotte, where since residing, each has been a most helpful and vital factor in the many movements in that progressive city for both professional and social uplift. Certainly no medical man has taken a more helpful part in developing every idea of advancement to the bettering of the profession in every possible way than has the quiet, studious minded doctor; and of his genial, cheery wife it may be truly said of her, that no single life in Charlotte has touched at more helpful angles the distresses and the woes of life, and no one woman has carried more cheer and sunlight into so many homes than has good Mrs. Register.

In the nearby city of Concord, where the busy lives of Mr and Mrs. John B. Sherrill have been spent, it may be said with equal truth, theirs have been two of that cities most useful lives during the 30 years period just passed.

Dr. John C. Montgomery, the brother of the two good ladies above mentioned with Mrs. Montgomery was also present at the Selwyn dinner as guests.

WAY.

THE TRI-STATE MEETING AND CLINICS, DURHAM, N. C., FEB. 21-22.

All the gatherings of the Tri-State Medical Association have been successful; but each year they have been broadened in their scope and have been made more and more practical and scientific.

Every meeting of the Tri-State has been noted for free and full discussion of excellent papers. This year the officers of the sections on medicine, surgery, Eye, Ear, Nose and Throat have arranged a program of real interest and instruction.

Clinics.

The Committee on Clinics, of the Durham-Orange County Medical Society have arranged for a series of clinics to be conducted by visiting members of the Association.

These clinics will embrace medicine, surgery, obstetrics and eye, ear, nose and

throat. They will be conducted by men practicing these specialties in the three States.

The magnificently equipped Watts Hospital is prepared to furnish every necessity. . . The Committee on Clinics and Dr. C. W. Hill, Supt. of Watts Hospital, are selecting many suitable cares, and arranging the scientific data for diagnosis. Southern physicians travel long distances to attend clinics in the Northern cities. It is the desire of the Tri-State Association, with the aid of Watts Hospital, to demonstrate that we have equally as good clinicians practicing the specialties in the Carolinas and Virginia.

Exhibits.

The scientific exhibit of Watts Hospital will equal that of any hospital in the country. Here have been collected many specimens of pathology, beautifully preserved and scientifically recorded. The exhibit of the electrical laboratory is very complete and fully demonstrates the practical value of the X-ray in the diagnosis and treatment of many diseases.

As the majority of the members of the Tri-State are more or less directly connected with the management of four hospitals a visit to the Watts Hospital will be of great interest. The superintendent, Dr. C. D. Hill, will take pleasure in explaining all details. Watts Hospital is conceded to be the best equipped hospital in the South. Such a visit will not only be of interest but of real practical value.

Scientific Papers.

The program arranged by the secretary and the officers of the sections is the best in the history of the Association. The number of the papers is unusually large, therefore it has been necessary to divide the meeting into two sections, medicine and surgery. Thus assuring ample time not only for the reading of every paper on the program but also for full and free discussion. It is the desire of the officers of the Association that this meeting be notable for the actual amount of practical and scientific work accomplished.

Presidential Address.

The address of President J. Allison Hodges will be a special feature. Dr. Hodges brings a message of real interest to the profession.

Address by Governor Bickett.

Governor Thomas W. Bickett will address the Association at Craven Memorial Hall, Trinity College. All who have read Governor Bickett's inaugural address know that he is fully informed as to the necessary legislation for public

health and that he has the courage of his convictions.

Invitation.

The officers of the Tri-State Medical Association and the Durham-Orange Co. Medical Society extend a cordial invitation to every member of the State Medical Society. They promise two days crowded with real interest and instruction.

PRELIMINARY ANNOUNCEMENT OF NINETEENTH ANNUAL SESSION OF THE TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA DURHAM, N. C., FEB. 21-22, 1917 OFFICERS: Session 1917.

Dr. J. Allison Hodges, Richmond, Va., President.

Dr. Chas. O'H. Laughinghouse, Greenville, N. C., Vice-President.

Dr. Wm. F. Drewry, Petersburg, Va., Vice-President.

Dr. Harvey E. McConnell, Chester, S. C., Vice-President.

Dr. Rolfe E. Hughes, Laurens, S. C., Secretary-Treasurer.

EXECUTIVE COUNCIL.

One-Year Term.

Dr. Southgate Leigh, Norfolk, Va.

Dr. David T. Tayloe, Washington, N. C.

Dr. William F. Fennell, Rock Hill, S. C.

Two-Year Term.

Dr. James K. Corss, Newport News, Va.

Dr. Edward C. Register, Charlotte, N. C.

Dr. William B. Way, Ridgeville, S. C.

Three-Year Term.

Reporter—Miss Ida Lamb, Charlotte, N. C.

COMMITTEE ON INVITATIONS.

Dr. James H. McIntosh, Columbia, S. C.

Dr. J. F. Highsmith, Fayetteville, N. C.

Dr. W. D. Ferguson, Laurens, S. C.

Dr. J. Allison Hodges, Richmond, Va.

LOCAL COMMITTEE OF ARRANGEMENTS.

Dr. S. D. McPherson, Chairman; Dr. A. Cheatam, Dr. B. W. Brooks, Dr. R. L. Felts, Dr. L. S. Booker. (All of Durham, N. C.)

COMMITTEE ON ENTERTAINMENT.

Dr. Jos. Graham, Dr. W. H. Boone, Dr. Foy Roberson. (All of Durham, N. C.)

CLINICS COMMITTEE.

Dr. B. W. Fassett, Dr. C. A. Woodward, Dr. N. D. Biting. (All of Durham, N. C.)

CHAIRMAN OF SECTIONS.

Virginia:

Dr. Hugh McGuire—Medicine, Alexandria, Va.

Dr. A. M. Willis—Surgery, Richmond, Va.

Dr. Stuart Michaux—Gynecology, Richmond, Va.

Dr. J. W. Dillard—Obstetrics, Lynchburg, Va.

Dr. W. E. Driver—Eye, Ear, Nose and Throat, Norfolk, Va.

North Carolina:

Dr. Jno. P. Munroe—Medicine, Charlotte, N. C.

Dr. L. S. Booker—Surgery, Durham, N. C.

Dr. E. B. Glenn—Gynecology, Asheville, N. C.

Dr. Seavey Highsmith—Obstetrics, Fayetteville, N. C.

Dr. J. G. Murphy—Eye, Ear, Nose and Throat, Wilmington, N. C.

South Carolina:

Dr. Robt. Wilson, Jr.—Medicine, Charleston, S. C.

Dr. F. H. McLeod—Surgery, Florence, S. C.
Dr. B. B. Steedley—Gynecology, Spartanburg, S. C.

Dr. R. B. Epting—Obstetrics, Greenwood, S. C.

Dr. L. O. Mauldin—Eye, Ear, Nose and Throat, Greenville, S. C.

Wednesday, February 21, 10 a. m.

Place of meeting—Durham County Court House.

The Society will be called to order by Dr. S. D. McPherson, Chairman of Committee of Arrangements.

Invocation—Rev. J. T. Riddick.

Address of Welcome in behalf of city—Mayor B. S. Skinner.

Address of Welcome in behalf of Profession—Dr. Jos. Graham.

Address of Welcome in behalf of State—Gov. T. W. Bickett.

Response in behalf of South Carolina—Dr. Curran B. Earle, Greenville, S. C.

Response in behalf of Virginia—Dr. Alex. G. Brown, Richmond, Va.

The reading of papers will then follow.

Dr. J. Allison Hodges will deliver the Presidential Address at amphitheatre of Trinity College.

A smoker by the Durham-Orange County Medical Society will be given on night of 21st.

Thursday, 9:30 a. m.

Clinics at Watts Hospital.

The programme is growing rapidly. The following authors will contribute papers:

Dr. R. C. Bryan, Richmond, Va.

Dr. B. C. Willis, Rocky Mount, N. C.

Dr. E. W. Carpenter, Greenville, S. C.

Dr. M. O. Burke, Richmond, Va.

Dr. A. R. Shands, Washington, D. C.

Dr. B. O. Edwards, Landis, N. C.

Dr. H. R. Black, Spartanburg, S. C.

Dr. Stuart McGuire, Richmond, Va.

Dr. Tom A. Williams, Washington, D. C.

Dr. Jos. F. Geisinger, Richmond, Va.

Dr. Leland O. Mauldin, Greenville, S. C.

Dr. M. P. Rucker, Richmond, Va.

Dr. A. Wylie Moore, Charlotte, N. C.

Dr. Beverly Tucker, Richmond, Va.

Dr. S. S. Gale, Roanoke, Va.

Dr. Silvio von Ruck, Asheville, N. C.

Dr. J. D. Willis, Roanoke, Va.

Dr. R. L. Payne, Jr., Norfolk, Va.

Dr. B. B. Steedley, Spartanburg, S. C.

Dr. Douglas VanderHoof, Richmond, Va.

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Dr. W. T. Carstarphen, Wake Forest, N. C.

Dr. C. O. Abernethy, Raleigh, N. C.

Others intending to prepare papers will send titles to the Secretary within 10 days for proper place on programme.

LADIES.

There will be a special committee appointed for visiting ladies and their entertainment.

RAILROAD RATES.

The Associated Railways of Virginia and the Carolinas (comprising the Atlantic Coast Line, the Charleston and Western Carolina, the Norfolk and Southern, the Seaboard Air Line, and the Southern Railways) and the Chesapeake and Ohio, Norfolk and Western and the Virginia Railroads have promised to sell tickets at the rate of one and three-fifths fare plus twenty-five cents on the certificate plan—that is, members will pay full fare going, obtain certificate receipt from the ticket agents, which receipt when signed by the Secretary of the Society and countersigned by the special agent of the railroads will entitle the holder to purchase a return ticket for three-fifths fare plus twenty-five cents. Tickets to be countersigned provided there are 200 or more members who hold certificates, return portions of round-trip tickets or who produce satisfactory evidence that they traveled to the meeting on mileage tickets. Arrangements have been made by the Durham & Southern Railway Co., to meet S. A. L. train No. 4, due at Apex 11:56 a. m. February 1st, to accommodate those coming on that day, this route, otherwise they would be unable to reach Durham before late in the afternoon.

HOTELS.

The Malbourne (Headquarters), \$1.00 and \$1.50 up.

The Carolina, \$1.00 up.

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Durham urges your presence, Doctor, and true Carolina hospitality awaits you. The programme is a most interesting one. The Clinics and entertainments are attractive. There will be distinguished invited guests present.

Sec. 9: "Not more than twenty minutes shall be occupied in reading any paper, except by a vote of the Association. In the discussion of papers, resolutions or questions, no member shall speak longer than five minutes, or more than twice except on special permission by a vote of the Association."

Notice is given of the following resolutions passed at Richmond, to be acted upon at this meeting:

"Your committee appointed to consider the suggestions made in the President's address beg leave to report:

"We recommend that Sec. 2 of Article V of the Constitution be amended, by adding at the end of the section, 'Except the President and members of the Council, who shall be elected in open meeting from the floor of the Society.'

"And in the By-Laws, at the end of Section 1, 'And shall be chosen from the State in which the meeting is to be held the following year, and the President shall appoint an Advisory Council of three, to serve during his term, one being from each State.'

"Respectfully submitted,

(Signed)

"J. N. Upshur, Chairman,

"J. H. Taylor,

"A. J. Crowell."

For further information address Dr. S. D. McPherson, Durham, N. C., Chairman of Committee of Arrangements, or Dr. Rolfe E. Hughes, Secretary-Treasurer, Laurens, S. C.

J. ALLISON HODGES,

President, Richmond, Va.
ROLFE E. HUGHES,
Secretary-Treasurer
Laurens, S. C.

BOOK NOTICES.

The Practical Medicine Series, comprising ten volumes on the year's progress in Medicine and Surgery, under the general editorial charge of Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume VIII. *Materia Medica and Therapeutics*, edited by George B. Butler, Ph. G., A. M., M. D., Emeritus Professor of Therapeutics, Chicago College of Medicine and Surgery, Chicago, Ill. Preventive Medicine, Northwestern University Medical School. Series 1916. Chicago, The Year Book Publishers, 327 S. La Salle Street. Price, \$1.50.

As the preface indicates this volume deals with *Materia Medica* and *Therapeutics*. As I have said repeatedly and repeatedly that there is no series of monthly periodicals that come to me that are more interesting than these Practical Medical Series. Ten volumes are issued each year and they are beautiful. Anyone who is interested in surgical subjects will find that these are especially interesting. This volume contains including the index, 382 pages. It has no illustrations, and it is not necessary for it to have.

Manual of Bacteriology and Pathology for Nurses, by Jay G. Roberts, Ph. G., M. D., of Oskaloosa, Iowa. Second Edition Thoroughly Revised. 210 Pages Illustrated. W. B. Saunders and Co., 1916. Cloth, \$1.25.

Having had twenty years experience in the teaching of nurses in a rather large training school, it always gives me pleasure to study books of this character. This volume that I have before me is one of considerable interest. Dr. Roberts is evidently familiar with his subject. The tendency of writers of books of this kind, is to make the work too large and too expensive, and the frequently deal with subjects that ought to appear and be taught only in books intended for the medical student.

This is a very fine idea of Dr. Roberts, as outlined in this volume; he has handled his subject very appropriately and very well, and it gives me pleasure to recommend the work.

Applied Bacteriology for Nurses, by Charles F. Bolduan, M. D., Director Bureau of Public Health, Department of Health, N. Y., and Marie Grund, M. D., Bacteriologist, Research Library, Department of Health, New York City. Second Edition Thoroughly Revised. 188 Pages, Illustrated. W. B. Saunders Co., 1916. Cloth, \$1.50 Net.

The first edition of this very useful book was well received in training schools all over the country. I used it myself as my text book when I was teaching, as my text-book on this subject.

In the present edition, the second edition, Dr. Roberts thought it wise to include the scientific discoveries for the past few years, and he also thought it wise to add a chapter of information, and one on quarantine and to give a brief note on the pathology of the most important infections. He was wise enough, however, with the suggestions of his associate, not to deal with this subject in too scientific a way.

I, myself, once made a mistake in writing too fully about the nursing of infectious fevers, and doing so crippled the value of my work a great deal.

The illustrations in this volume are thoroughly appropriate and numerous enough. Altogether it is quite a valuable addition to the literature on nursing.

Christianity and Sex Problems, by Dr. Hugh Northcote. M. A., Second Edition, Revised and Enlarged. F. A. Davis and Co., Publishers, Philadelphia and London.

It gave me a great deal of pleasure to review the first edition of this book, and no less pleasure to review the present volume, the second edition. Dr. Northcote is a very accomplished writer, and his writings especially on subjects of this character are valuable, interesting and logical.

The preface on the title page of this book will suggest to the reader the character of the subject dealt with. Dr. Northcote is very conscientious, certainly, in his view in writing of these semi-medical subjects. Without going into a full review of the work, will say that it deals with subjects that any intelligent laymen ought to be reasonably familiar with, and that most intelligent medical men would desire to study further and have in their library this work of Dr. Northcote.

It is not an expensive book—only \$3.00, and I advise the readers of this review to buy it.

It is a nice volume of about 500 pages, published by F. A. Davis and Co., who are in the habit of getting up fine attractive books, and this volume does not fall short of their previous standards, not only in merit but in general appearance.

Peggy Raymonds School Days—I recommend this book to any physician who has small girls and boys in his family who are interested in first-class, pure fiction for children. It gives me pleasure to recommend it as an excellent book for children whom it would interest.

It is a book gotten out by Page and Co., of Boston, Mass. These books for children are very appropriate and have a decided tendency to teach and contain no frivolity. I recommend them.

Miscellaneous.

A Handsome Biologic Handbook.

Every reader of this Journal should write to The Abbott Laboratories, Chicago, for a copy of its beautiful new booklet, entitled "Biologic Remedies and How to Use Them." This is a good deal more than an advertising pamphlet; in fact, it is a real text-book of biologic therapy in which the essential facts are presented in simple, straightforward, untechnical English, making the topic intelligible and interesting to any physician. This booklet contains about 70 pages, and is illustrated with half-tone pictures and colored plates.

The first chapter presents the fundamental principles of biologic therapy; and there are also chapters describing the manufacture and uses of bacterins, antitoxins, serums, and vaccines. If you want to know when to give a bacterin or antitoxin, how to inject it, the dosage proper in each case, the reaction likely to follow, or why you sometimes fail, you will get the help you want here. One of the most useful parts of the book is a department of Clinical Applications, in which the various disease conditions are taken up in alphabetical order and suggestions given for their treatment with biologic remedies. There is a very complete index, making the contents available for ready reference.

The book, as we have already said, will be sent free to anyone who will send his name to The Abbott Laboratories. Every user of biologic remedies should secure a copy and carry it in his pocket or satchel for help in emergencies.

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Vest Pocket Reference Book on Vaccine And Serum Therapy Sent Physicians on Request.

What physician would not welcome a convenient Vest Pocket Reference Book on Antitoxins, Serums, and Vaccines, (Bacterins)? A compendium of this kind is being distributed to physicians, without charge, by Eli Lilly & Company. It contains, in addition to a priced list of biological products, brief instructive sections on Infective and Infectious Diseases, the Development of Immunity, Specific Therapy, Serums, and Antitoxins, Anaphylaxis, Indications, Dosage,

and Keeping Qualities of biologicals. The book is thoroughly cross indexed and designed to supply answers to practical questions that arise daily in the administration of biological products.

This handy manual was prepared for free distribution and will be found a convenient vest pocket reference work. It is printed on thin paper, occupies little space, and contains much information of value on vaccine and serum therapy. A copy will be sent without charge to readers of this journal on request made to Eli Lilly & Company.

Chronic Constipation of Infants. Its Prophylaxis.

Many an infant is constipated, but just naturally "out-grows it."

This is usually the case where the causative factor is merely the overcrowding of the colon in a small pelvis, for the size of the colon develops as times goes by, more slowly than does the rest of the body.

On the other hand, many a chronically constipated infant grows up in his ways into an intractably constipated adult, so that anatomic structure is not the only consideration.

Prophylaxis, therefore is the thing. Some physicians get the mother to hold the infant over its chamber morning and night immediately after feeding, long before it has mastered the secret of bowel control.

As a measure of prophylactic training in this connection, there is nothing which will help more than INTEROL. For without cathartic action, it lubricates the fecal mass, soft and plastic, into the sigmoid and rectum, whence its expulsion is a comparatively easy matter, in the absence of congenital defects.

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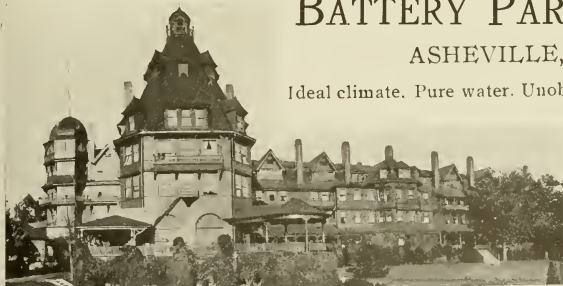
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This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

The Pneumonia Convalescent.

In spite of all of the modern advances in scientific therapy, and the improvements in the general handling and management of acute infectious diseases, Acute Lobar Pneumonia still deserves the title ascribed to it by Osler: "The Captain of the Men of Death." There are, however, especially during the Fall and Winter months, many cases of the lobular or irregular Pneumonia that so often complicates or follows La Grippe. When this condition supervenes it is more than likely to follow a sub-acute or chronic course and convalescence is frequently long delayed. Under such circumstances, in conjunction with treatment designed to hasten resolution, a general blood tonic and vitalizing agent helps materially to shorten the convalescent period. Pepto-Mangan (Gude) is of much value in this field, because it not only increases the solid elements of the blood, but also acts as a true tonostimulant to the organism generally. As Pepto-Mangan is free from irritant properties and constipating action, it is especially serviceable in the reconstructive treatment of the devitalization following the Pneumonia of the aged.

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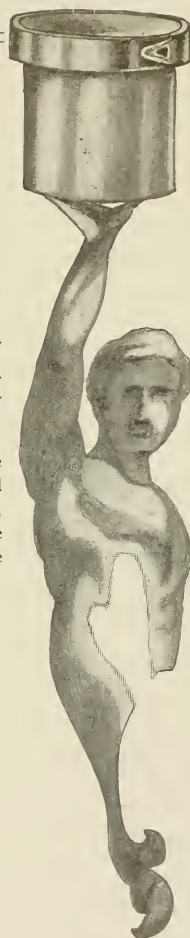
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The next annual meeting of the North Carolina Medical Society will be held in Asheville, N. C., on the third Tuesday of next April.

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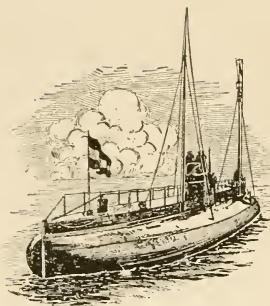
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THE SPIRIT AND TREND OF MODERN MEDICINE IN THE SOUTH*

By J. Allison Hodges, M. D., Richmond, Va.

Mr. Chairman, Members of the Association, Ladies and Gentlemen:

Your kind recognition of my past services to the profession and to this association in having elected me as your President, is equalled only by my appreciation of that distinguished honor.

To serve you, is as much a pleasure as a duty, and in further acknowledgement of such responsibilities as this occasion demands, I desire to discuss with you this evening some of the opportunities offered for individual effort and co-ordinated service in advancing the interests of our profession, and to consider especially, in the presence of this audience representing three Southern States, "The Spirit and Trend of Modern Medicine in the South."

This, as you are aware, is an era of unusual unrest and everchanging conditions in the scientific, as well as in the moral and material world.

Nowadays, nothing is stable, nothing is steadfast, nothing is satisfying, and the idol of yesterday is often the memory of today.

To meet such conditions as these, then, and preserve a sane balance against the oncoming and increasing demands of the future, new forces of mind and soul and body must be called into requisition, and set to work, to stem the tide and direct aright its resistless energy. For this reason, even the professions must be protected and safeguarded, not only by personal effort, but by concerted, collective organization, if their best traditions would be preserved in the midst of these abounding and ceaseless activities.

This opportunity, consequently, offers medical men a privilege which is as inspiring as it is alluring, for never was the game of life so entrancing, never was the pride of ambition so enthralling and never was the path of scientific attainment so magnificent nor so fulfilling as the present.

The spirit of Modern Medicine puri-

fied and idealized by the experiences and exactions of the past, is today serving better than ever before the best interests of our race, not alone by ministering to physical needs, but by preventing disease and thus preserving physical and mental efficiency, for prevention is now the watchword of the modern medical world.

Standing here, however, in the classic halls of this Southern center of higher education, it is unnecessary to define in detail what is meant by the "spirit" of modern medicine, for, in our profession, as in yours, the "spirit" of today spells the "service" of tomorrow, and in both, it is this indefinable, intangible entity that energizes and intensifies an idealism of purpose, thought and action that makes for higher and better things in educational, professional and commercial life.

I believe, however, that, in the South, there is evident an especial spirit of service, born, if you please, of a peculiar temperament in a people reared under peculiar conditions and environments; a spirit as high-minded, as noble and as generous as the Southerner himself. If this were not true, I might expect you apostles of higher learning, for example, even here to be ready and sympathetic converts to that recent theory of education, conceived by a retired idealist and an administrative officer, and promulgated by the plethoric purse of a generous benefactor, which in its attempt at the modernization of elementary and secondary schools, would apparently sacrifice all of the past valued and revered ideals of learning to the prosaic culture of money-getting and gainful pursuits.

I repeat, that if in the South there were not educators who were inculcating a nobler spirit in ingenuous youth, a spirit which puts high ideals above selfish and sordid aims, this "bread and butter program" of education, in which there is neither imagination nor idealism, and which is now in high favor in some other sections, and in which, to the uninitiated, "unblushing materialism finds its crowning triumph," might be adopted here, and if adopted, imagination might be cramped and stunted, and knowledge shorn of those intellectual pleasures and satisfactions that have ever made them a rich possession and heritage to the student and scholar.

*President's Address, delivered in Trinity College Amphitheatre before the 19th annual meeting of the Tri-State Medical Association of the Carolinas and Virginia, February 21, 1917, Durham, N. C.

May we not indulge the hope, however, that the true spirit of education which you here inculcate, may still burn bright with a glowing flame of enthusiasm for a higher plane of useful service, even though the system be considered ancient, and still redolent of those old theories and vast accumulations of human thought which have always tended to the development first and always of the personal character of aspiring youth?

Likewise, in the growth of modern medicine in the South, it seems to me, and I trust I am not partial nor partisan, that there has been a higher and nobler spirit of consecration and service than there has been in some other sections, a spirit which has not been purely commercial nor wholly material, but a personal, as well as a professional spirit which has been actuated by high-minded motives for the individual and general welfare of the people, and I believe that this can best be interpreted and understood by a brief consideration and analysis of the social life and civil conditions which have prevailed in the South in the past, and which have resultantly developed the spirit and character of her people.

Socially, the old South was modeled upon a singular semi-feudal system, and, like "All Gaul," was divided into three parts: the slave-holding planters, the negro slaves, and lastly, the non-slave-holding whites.

The first-class, the slave-holding planters, was relatively small in number, but mighty in wealth and authority, and, in fact, the old-time aristocrats of this social system, and a ruling class of a high order of ability; the second, the negro slaves, was the dependent class, which by the millions sowed the seeds and reaped the harvests, and fostered the predominance of rural life over that of the city, thus favoring the maintenance of the patriarchal tendency of slave-holding, and the third was the "Cracker" whites, who were *sui-generis*, neither masters nor slaves, but between two social fires, themselves personally independent and disdainful of the prevailing system on the one hand, and on the other, the object of frequent derision and contempt by both negroes and whites.

In this way, these latter became a class until themselves, and if by dint of extraordinary industry or good fortune, one of them rose to ownership of land or slaves, his social position was scarcely improved, and still barred from the house and home of the planter, he was even yet to the negro nothing more than "poor white trash."

At last came the War Between the States, and it proved to be a great leveller.

The ante-bellum characteristics just noted were changed, distinctions based upon wealth were eliminated, social adjustments were fitted to the new order of life and economic necessities produced a raw but dominant ruling class in the new South.

This change in social and civic conditions was abrupt. New adjustments must be made and new standards adopted, for the scepter of leadership and authority had passed from individual keeping. The gentleman of the "old school," however, could not readily accommodate himself to the newly existing conditions, and out of this stress and strain and strife were born the seeds of a discontent, which in large measure, have shaped and shadowed the South's checkered history.

The old South was a land of classes, rather than masses, and the inherited cavalier spirit furnished a type of citizen, impetuous and generous, but haughty and imperious, and in the consideration of the existing conditions and tendencies of this unusual social system, proper regard must be given to that entity, "the personal equation," which during this period individually characterized to an unusual extent the life of the Southern people, and molded and fashioned it to the customs and traditions of that day.

By heredity and by training, this ego became a silent but positive and powerful force, and though not always apparent, was under certain circumstances a factor which must be reckoned with, for almost unconsciously to the people, personal self-esteem had been unduly fostered and had become unfortunately a dominant trait in Southern life and character.

Again, this tendency was in part temperamental, but its basic foundations were rooted in the old social system that for so long prevailed, that no matter who were the lords, they must be respected and obeyed by the vassals of a lower class.

The passing years changed masters, but not men, and in this succession, there were those who were ever ready to imitate the manners and methods of their predecessors and quick to resent any reflections upon their newly acquired rights or dignity, and thus, through varied experiences, the character of this people was slowly, but distinctively evolved.

This interpretation and explanation of the inherent and acquired tendencies of Southerners may appear in a measure unusual and fanciful, but it is entirely in

line with the psychological evolution and development of a people, influenced by subconscious impressions and influences which had been gathered through 250 years of a semi-feudal life, and at last had been ruthlessly ended by a sudden and violent cataclysm, which seared with lasting scars their pride, and upset all former standards and creeds of social life.

From out of this "melting-pot" of feudalistic caste, inherited tradition and ancient customs, came, as we believe, the Southern spirit and, as well, the character of the old-time doctor of the old South.

In this presence, there is no need to picture him, for his like is well and lovingly known to you all. By birth, breeding and education, a gentleman, his profession frequently was more a matter of custom than of special aptitude. In all his relations to life, however, he placed honor and character above price or pelf, so far as I have ever heard or known, and while in his professional work he relied more upon his powers of observation than upon any special technical knowledge, yet, like Ian MacLaren's Dr. Weelum MacLure, he was an all-round specialist and a successful and forceful member of society.

The old-time landlord system which then prevailed, fostered to an unusual degree the development of that whole-hearted spirit of personal patriotism which was generously reflected in the daily services of the physician to his patients, and while in his personal affairs, he was usually lax and without system, and generally unbusiness-like, yet he served well the demands of the passing years, for in his service were combined, honor for his profession and love for his fellowman.

Indeed, in the country doctor of this "old school," the spirit of the old South was best exemplified perhaps, for in him were illustrated those dominant qualities which shone the more conspicuously because of his position and prominence. High-minded and generous hearted, he was full of love and charity to his patients, and though easy-going and careless in matters of personal business, he was yet all devotion to the needs and appeals of his patients, and in return received their grateful appreciation and love, if not always their pecuniary reward, for with him the practice of medicine was a profession, and not a business!

At this time, most of the participants in that era of which I have spoken, have "passed over the river," and those who have not, have passed out of the Egypt

of hatred and rebellion into the Canaan of reconciliation, and a new type of manhood fitted to the exigencies of the new conditions has been born and reared, and is rapidly and happily adjusting itself to the new order of life in the South.

In like manner, a new generation of doctors has arisen, and the classical doctor of the old South has given place to the modern medical man of the new South, under the changed conditions which have been wrought into the social fabric and civil life of this people.

Retaining many of the virtues of the old regime, but with a spirit of less self-abnegation, this new type of physician has striven to meet the perplexing problems that have continuously arisen in the development of the science and art of medicine.

To accomplish this, many adjustments have been necessary, and foremost among these, a better technical and professional preparation and education.

The old classical courses of premedical education have been replaced in part by more special training in the sciences, and glittering generalities have in a large measure been succeeded by practical and detail work in the various scientific laboratories, and as a result, a better and more broadly educated type of physician has been developed.

Professional education in the South has been continuously systematized and enlarged as the years have passed, and in the present scheme more attention is paid to disease-expressions than to the patient's personality, as in the olden days.

Precision has largely supplanted observation, and the study of pathology and kindred sciences has broadened and enriched the fields of scientific, experimental and preventive medicine, and to-day we have a new spirit of professional endeavor.

Along with these advancements and developments, have come changes in the profession which it is well that such associations as this should study for the best interests of all concerned, patients, as well as physicians, in order that the trend of professional progress in the South may be conservative, and yet abreast with the requirements of modern medicine.

In the South, the profession is notably free from many of the evils that elsewhere in our country have imperiled its standards, but because of the personal relations existing between patients and physicians, and especially because Southern doctors are natural-born politicians, as well, the present day professional priv-

ileges afford opportunities for self-advancement and power manifestly greater than ever before, and the profession should not be unmindful of these changing conditions and consequent dangers.

Likewise, the modern country practitioner, the backbone of the medical profession, has today an enlarged scope for usefulness to his community never before possible in the South.

He not only serves his constituency of four or five hundred patients in acute illnesses, but he now advises in matters of sanitation, personal hygiene, dietetics, etc., and also serves his community as the local public health official, the medical member of the school board, and as the chief of the medical or surgical staff of the county or community hospital.

With this increase in duties, has come added responsibilities that call for the most devoted services of the physician in civil, as well as professional life.

The trend of modern medicine is upward and onward, but its progress in the South is menaced by a new spirit of commercial materialism, just as is that of education, which was unknown in former days.

A new social order is casting its shadow across the path of the future of medicine in the South, and the sound judgment and scientific knowledge of every physician is demanded as never before in our history, for there are movements now on the threshold of realization, with which the medical profession in the South should be most vitally concerned.

Shall we read aright these new conditions and visualize correctly the future, or shall we sit apathetically, as did three years ago our brothers in Great Britain and Germany, and permit without challenge the enactment of laws inimical to the rights and liberties of our profession, and resultantly prejudicial to the best interests of society?

In the South today, as elsewhere, a new social fabric is being woven, and whether the physician wills it or not, new professional interests are being brought into the work of our lives, and it is our duty to safeguard them by a manly assumption of our civil as well as professional responsibilities.

By training and by proper estimation, we physicians of the South, if we would exercise our proper privileges, have the power and the opportunity as never before to solve some of these perplexing problems of medical practice, which though related to the concomitant changes in society at large, rest for solution primarily and finally within the com-

petence of the medical profession.

It is unnecessary to name in detail all of these changing conditions which are now confronting the profession, but some are so notable in their probable effects upon the future of medicine in the South, that they cannot be overlooked.

Among these may be mentioned briefly, the growing tendency of the Federal Government, and of the local Governments of States, counties and cities to centralize and appropriate to themselves the functions and privileges of the general practitioner; the tendency of incorporated colleges of medicine, through endowed dispensaries and hospitals, to treat large numbers of patients without expense to the individual; the tendency to institute a system of flat medical fees in hospital and dispensaries for pay patients; the tendency to institute in some States, though not yet in the South, a system of compulsory industrial health insurance, regulated for the individual as well as for the physician, by legal statute as to liability and compensation; the tendency of large corporations to institute medical supervision and to employ by contract the services of medical and surgical practitioners to safeguard their special interests; and in the ranks of the profession itself, the growing tendency to specialize in institutional medicine, to form group-clinics in the practice of the profession, and to establish county or community hospitals, and the standardization of hospitals, hotels, and schools.

All of these innovations have their advantages, but some of them are fraught with grave dangers to the individual physician, and especially the recent graduate. To square the circle, to be progressive and not obstructive, to meet fairly and justly the requirements of the changed and ever-changing conditions in the South, requires, I repeat, a judgment, sane and unprejudiced, and the exercise on the part of the physician, of a knowledge and of a service, hitherto unknown and unexercised.

The physician of today, to meet these requirements and exigencies, must be a more broadly educated man, and must prepare himself in such a way that his opinion and advice shall carry the weight of absolute authority in translating his conclusions into proper standards of medical practice.

In a certain degree, the solution of this problem has been inadequately met by the development of specialism in medicine, but even this is but one of the evidences of a transitional period in the progressive tendencies of this age, for the

public today is already demanding a more thoroughly educated and well-rounded physician than the modern specialist of the recent past, who trained himself only in the technicalities of a closely circumscribed field, and whose patients consequently often suffered from special attention to one organ and general neglect of the others.

The trend of modern medicine in the South today, then, is not towards specialism, but towards the injection of more medicine into surgery and more surgery into medicine, and in the direction of a broader culture which recognizes that physiology is one coherent process of activity and compensation, and, that to be master of the day and the future, the physician must, along with these scientific requirements recognize as well the demands of preventive medicine, and also his civil and professional responsibility in public health matters, for new ideals in the care and treatment of disease are imposing new obligations upon the profession and upon public authorities in the South, and raising questions of economics, law and medicine which demand the most thoughtful consideration. We have just cause for pride in what has already been accomplished, but our past successes should only inspire and challenge us to seek greater victories.

It is unnecessary here to rehearse in detail the recent advances of modern medicine, for that long and honorable roll of achievements is well known to you all; but it is an inspiration even to name some of these more recent national and international promoters and investigators of medical science, and consider their services in the progress of modern medicine.

Who does not thrill at the mere mention of such names, for instance, as Lister, Pasteur, Abderhalden, Roentgen, Koch, Lazear, Laveran, Widai, Wasserman, Nogouchi, Czernic, Helmholtz, Metchnikoff, Nitze, Reed, Gorgas, Blake, Davenport, Hayes, Wright, Armstrong, Rupert Blue and Alexis Carrell, and many others who have built the bulwarks of our great profession? The crowning triumph, however, of modern medicine, generally speaking, is that now for the first time since Colonial days, American medical men are going to Europe to teach, and not to learn, for since the beginning of the present European war, American medical science has won a new place in the eyes of the world, and this conquest, says Haskin, is primarily a triumph of recognition for the practical qualities of the American mind.

Need I mention the American Hospital in Paris where distinguished European surgeons have come as pupils to sit at the feet of such Americans as George W. Crile of Cleveland, the discoverer of Anoci-Association, or Harvey Cushing of Harvard, the great brain surgeon, or Richard Harte and Fred Alvee, both of whom in plastic surgery and bone-repair work have made of their surgical specialties in restoring shattered human bodies, a science as mechanically exact as high grade cabinet work, and also many others of the highest ability and reputation who have done equally wonderful and distinctive surgery? Likewise, I might mention in this connection the work of other American physicians who have recently played an important part in the development of medical science by successfully applying the theories and principles evolved in Europe, and among this number stands out boldly Rupert Blue who came from our very midst, and who has prevented Bubonic plague by rat-proofing whole cities, and thus making practical the discovery of the method of infection by Verbitzky, a Russian; and of Gorgas, who applied at the Canal Zone the discoveries of Laveran, a Frenchman, Grazzi and Bignani, Italians, and Manson and Ross, Englishmen, and after France had failed, made of a well recognized plague-spot, one of the healthiest in the tropics, and opened up in that region vast possibilities of development for the future.

In like manner, a Frenchman discovered the source of transmission of typhus fever, but as with the yellow fever in our tropics, its conquest in Serbia has been a purely American achievement, for which two young American physicians, McGruder and Donnelly, laid down their lives, as did our immortal and lamented Walter Reed, in his study of yellow fever.

And, as Fred Haskin has so aptly expressed it: "In this combination of practical purpose and emotional spontaneity is seen the dominant spirit of our profession and the outstanding characteristics of our nation."

In the progress of modern medicine in the South, our profession can lay claim to but mediocre attainments in scientific research, or in discovery and analysis of natural forces, but with the true American spirit, it has been pre-eminent in making practical and useful the work of others, for, with pioneer blood in our veins, it has been our task to make what comes to hand, serve well our purpose.

In this movement the South has been no laggard, and public need has become

a personal concern, for never before in the South was the physician's conscience so alive to its duties as it is today, when in its beneficent spirit it looks always beyond the individual to the best interests of the public good.

In the ardor of professional endeavor, individuality has been submerged, syndicated science has found no favor, and as a result, epidemics have been modified and checked, and the public health, through sanitation, marvelously improved.

When we remember, moreover, the growing and striking development of this section of our country, with its 35 millions of people, and remember that in 1900 the entire population of the United States was only 75 millions, and that there was a gain of 42 per cent. last year in the South's total agricultural and animal products over the preceding year, and that this was only 8 per cent. short of the total production in the United States in 1900, we can readily conceive what the future is to be, and what the demands correspondingly will be upon the medical profession, for as never before, we of the South are today in the presence of great world forces which are rocking the very foundations of civilization.

With this physical growth and expansion, however, there is danger to our profession, for as life grows easier, sacrifice becomes harder, and we never wish the profession to become so rich in material possessions that it will be poor in spirit, for the doctor's unselfish spirit is his greatest legacy and best inspiration for professional and universal service.

The problems that will necessarily arise must be studied and adjusted to meet the requirements of these times, and fortunately for us, many of the dangers confronting our profession in other sections of our country, are notably lacking, for fee-splitting, for instance, which has been a disgrace and menace elsewhere, is unknown to the regular profession in the South.

There are other evils, however, which demand earnest consideration, for they are threatening the integrity and best interests of the profession and of society. Among these are the national passion for the use of habit-forming drugs, which though greatly limited by recent Federal enactments, is yet a menace in the South, the management and control of specific disease by some approved and concerted method, and likewise, the advertising in the daily press of secret medical remedies and other similar evils. The suppression

of either or all of these may well call for the best unified efforts of this, or any other Association of physicians, and the Southern Profession was never so united as now, and never so competent and able to stay the march of such blighting and menacing evils, if it would only act!

The physician has now a new ally in the co-operation of Federal, State and Municipal Health Boards, and with the continued increase in education in health matters, lies the profession's hope and the nation's remedy for a virile and healthy citizenship.

The efficiency of this co-operation and united effort by physicians and laymen has been most potently shown in the last few years, for example, in the anti-tuberculosis campaign which has reduced this special death-rate in ten years in the United States from 200.7 per 100,000 population, to 146.8, and even here in the Carolinas and Virginia, has increased, in the same period, the number of tuberculosis sanatoria from 5 to 28, the number of dispensaries from zero to 9, and the number of anti-tuberculosis associations from zero to 35, with also the establishment in addition, of 14 open air schools. In like manner, systematized and united efforts in the reduction of infant mortality, in the study of mental factors in dependency, delinquency and crime, and the campaign for the conservation of the health of school children have yielded brilliant results. It may not here be invidious to say that in this work of educating the public in health matters, the North Carolina motion-picture-health-car appears to be the most efficient single agent so far utilized in the solution of this problem, for it has been the fore-runner in this propaganda of disease-prevention, by carrying the lessons of the laboratories to the very doors of the rural homes.

This accomplishment is but one of the many evidences that such associations as ours have yet great undertakings before us, for no one better understands the social, economic and medical needs of the South.

The recognition also of preventable causes of mental diseases in the South challenges us in like manner to seek in the field of mental hygiene victories comparable to those achieved in general hygiene and sanitation, and render possible the practical management of delinquency, crime and inebriety, as well as the control and correction of feeble-mindedness and faulty adaptation in the children of our dependents, so that the spirit of our profession may be realized in its most beneficent practice.

To paraphrase what a great English philosopher once said: "The first duty of mankind is health, the second duty is to fight to get it."

Knowledge alone shows the only pathway that leads to this goal, and we, as the standard bearers of modern medicine must continue to serve our day and generation with increasing intelligence, industry and integrity, by scientific service in research and investigation, by earnest study especially of the conditions and diseases which prevail here, and by the infusion into our work of a genuine spirit of broad humanitarianism, if we would have the South, rich in resources and radiant with promise, rise to her proper and merited position in national estimation and appreciation.

APPENDICITIS.

By John S. Winter, M. D., Memphis, Tenn.

Definition: An inflammation of the vermiform appendix.

Etiology and Pathology: The predisposing causes are the poor blood supply of the organ, the short mesoappendix, physical exertion, constipation, indigestion, traumatism, cold, and foreign bodies.

A large percentage of cases occur between the ages of ten and thirty years.

The chief exciting cause is the successful invasion of the appendiceal mucosa by pathogenic bacteria.

Although almost any kind of bacteria may be demonstrated the *Bacillus Coli Communis* is the one most often encountered, *Staphylococci* and *Streptococci* running a close second and third.

Pain in the appendix usually arises from one of three sources: viz.: Inflammation, impaction of a fecolith, and an obliterative condition causing pain by contraction upon the appendiceal nerve.

The course of a typical or textbook case of appendicitis is as follows:

First. An attack of indigestion, mild or severe, evidenced by from a slight uneasiness in the gastric region to most severe griping pain.

Second. More or less severe colicky pains usually referred to the umbilical or entire abdominal region.

Third. Nausea or nausea and vomiting, usually followed by localization of pain in the appendiceal region. Specifically at McBurney's point.

Fourth. Fever may be from ninety-nine to a hundred and four. Constipation or diarrhea.

Fifth. Rigidity and spasm of the right rectus muscle.

Sixth. Blood picture in keeping with

the severity of the attack.

Treatment: Absolutely and unhesitatingly surgical as soon as recognized. Never medical. Withholding of all food and drink. Purgatives or opiates positively contraindicated.

How perfectly, charmingly simple. How easy it is to be an expert diagnosis or competent surgeon.

But wait: What is this we see? There are forty or more causes of right sided abdominal pain. Here are a few of them:

In the liver: abscess, cancer, syphilis, hypertrophic cirrhosis, passive congestion, phosphorus poisoning, acute atrophic cirrhosis, traumatism. Referred pain in pneumonia and pleurisy, exhaustion.

Intestinal: Ileus, intussusception, kinks, adhesions, spasm of pylorus, some stomach diseases, visceral crises in tabes, rheumatoid arthritis, impaction at hepatic flexure, cancer at this point, also tuberculosis at the hepatic flexure, constipation, colitis.

Of the kidney: Nephrolithiasis, infections of the kidney (right); Deit'l crisis in floating kidney, neuralgia and myalgia, hydronephrosis, traumatism.

Subphrenic abscess, salpingitis, ovaritis, ovarian cyst, tubal pregnancy, hernia, aneurism of abdominal aorta, malarial fever, alcoholic gastric irritation, ptomain poisoning and various gastro-intestinal irritants, typhoid fever, hysterical stigmata, and so on and on almost without limit.

A great many of the conditions named above are accompanied by all of the other signs of appendicitis such as mode of onset, vomiting, abdominal rigidity, fever, blood picture, pulse rate, in fact the observer is sometimes overwhelmed with all of the symptoms of a typical attack of appendicitis and he feels that there can be no mistake in his diagnosis.

Truly there are so many conditions in which right sided abdominal pain is the predominant feature, and is accompanied with one or more of the other signs of an attack of appendicitis that it makes you dizzy to even think of them.

And the end is not yet, for, besides having pain in the appendiceal or in the very immediate vicinity of that region in a very large number of conditions not appendicitis or even pertaining to the appendix, we are confronted by the appalling fact that we may have pain from appendicitis in many other regions that would not be suspected by even a more than casual observer, pain on the left side, pain in the right leg, pain in the epigastrium, pain around the umbilicus, or in the back, or most anywhere else that a

well behaved appendiceal pain should not be.

Then again your patient may have none of the usual manifestations of a beginning attack of appendicitis, no indigestion, no nausea, no vomiting, no colicky pains, just may be one single symptom, such as a persistent or uneasy feeling in the abdominal region, examination does not reveal much more, subjective and objective signs give not much more than a premonition, on the patients part mainly, that all is not well with him, the blood picture may show a low leucocyte count or a high count or a normal count so far as your previous knowledge of what would be normal for that particular patient, temperature a little above normal or a little below or just normal, and again you wish you knew what his normal temperature is, pulse not much out of the usual or a great deal out, and you wonder if he has a tachycardia or a bradycardia or neither.

You finally decide that your patient has more symptoms of appendicitis than any thing else and you operate on him with your conviction ready to take wing and half wishing that you had named over several other things that might be responsible for the condition and yet you find an appendix palpably diseased and in an acute inflammatory condition, strutted, red, and engorged, or one that is dead and entirely separated from its attachment to the cecum, maybe it is partly digested by the intestinal juices.

Then you quickly recover from your more than half formed doubt and pat yourself on the back and think of yourself as a very shrewd diagnostician with intuition in excess, but, and here lay great stress on the word, a great many times the symptoms are very much more pronounced, a typical text book case you think, you make your diagnosis almost instantly, you pity the fellow who wouldn't with the symptoms so plain, you operate and invite a few admiring friends to see you take out a real appendix—and you find an appendix perfectly normal and seemingly innocent of all thought of trouble.

Your opinion of yourself takes quite a tumble and as you thoughtfully close up you wonder which of the fifty-seven varieties of right sided abdominal pain it was and hope your patient will not have a recurrence of it and wonder what the visiting doctor really thought about it, you make quite a fuss about getting a culture to show what kind of a bug was responsible for the condition—and let me say right here that you are perfectly

safe in saying nearly any kind of an infection is present because the lumen of a gut that near the colon is a most prolific, natural, breeding ground for nearly any kind of bacteria you may chose, take your choice and your pathologist can certainly grow it for you.

The recovery is uneventful, hardly missed a meal, the fee is collected and the case is closed.

But did he have appendicitis or one of the other fifty-seven varieties of right-sided abdominal pain? Time alone will tell, but alas how often it is one of the large majority.

Sometimes you can console yourself with the theory that the symptoms were caused by the partial impaction of a fecolith in the appendix, which, in hauling the patient to the hospital, or during the excitement of changing from family physician to surgeon, or though the normal action of the bowel, or the relaxing effect of an opiate, becomes dislodged, the full blood supply is restored and the organ resumes its appearance and function, there has been no inflammatory process, only a lessened blood supply that was restored before harm had been done, and by the time the surgeon gets to it all is well to the great discomfiture of the family physician, who really made a very good diagnosis, and who has probably told the anxious family that immediate operation is imperative and that the appendix will be found in a highly inflammatory condition and very probably already ruptured or on the verge of doing so, all of which has been verified, on the strength of the history submitted, plus the hasty findings, by the consulting surgeon.

The operation probably takes place at night or as soon as the patient reaches the hospital or within an hour or two thereafter.

One might go on and on writing about the subject, probably everyone of the right sided pains have been operated on at some time or another as appendicitis, some will continue to be operated upon, but each year find the family physician more capable of making a true diagnosis and less likely to go off at half cock, as it also finds the true surgeon more conservative, less apt to make an emergency operation out of a case that is not urgent but that only benefits by the more complete findings, more skilled in checking up and sorting out of the aforesaid numerous varieties approximately the true cause of the condition and thus recognizing and treating a case so as to render the multiple operation now done

far too frequently not only unnecessary but decidedly unpopular.

God speed the happy day.

RACE BETTERMENT.*

By C. Banks McNairy, Kinston, N. C.

The betterment of the human race is not altogether a new subject. In one way or another it has claimed the attention of the philanthropists, the criminologists since the earliest periods of time. It is today the study and the work of the world. Upon every profession and upon every calling there rests the duty of winning in the common effort to promote this object.

Among the ancients the defective children were allowed to die, or were destroyed. Advanced civilization, with increasing human enlightenment, employed methods of segregation. Within recent years those who have been concerned in the care of defective subjects have been aroused to the fact that a higher duty rests upon them—that of the education of the public opinion to the point at which the State should exercise its duty as protector of its citizens, and enact laws which will restrain the flow of degeneracy through the production of sterilization which shall inhibit the procreation in the criminal and defective, male and female. It is our purpose in discussing this timely and all important subject, to lay the axe at the very root of the evil conditions which retard human progress, and block the paths of human endeavor.

All of us know some individuals who grew up physically, but never grew up mentally. They are under a terrible handicap; and are a tremendous moral, physical, and financial burden upon the homes to which they belong, and on society of which they form a part. They are so because of a defect of the brain existing from birth or early age. Though adults in years and stature, they remain children in mental habits and capacities through life. They lack in judgment and in resistance to evil influences; they complicate every social problem; they lack self-control; yield easily to temptation; fail to earn an independent living; and often drift into immorality and crime. Many of them are objects of charity. Their immoral tendencies and lack of self-control make the birth-rate among them unusually high. The defect among them is transmissible from parent to child. There are within our Unit-

ed States at least two hundred and fifty thousand (250,000) without suitable protection; seventy thousand of these are of child bearing age. They constitute a grave national problem. They are known as mental defective or feeble-minded. In North Carolina alone, counting our population at two millions, there are at least six thousand feeble-minded, not counting the criminal and insane. Allowing one-fourth of these to be women and girls of childbearing age (and according to statistics where a study was made of a number of feeble-minded women and girls it was found that each one over sixteen years of age was mother of just half as many children as she was years older) and granting that of this one thousand five hundred of childbearing age of our State, seven hundred and fifty, or only one-half of this number, give birth once every two years, at the least estimate there are born within our State every year between three hundred and twenty-five and three hundred and fifty mental defective children, without an even start in life, the majority of whom, as we believe, should never have been born as their lives only increase the burden and the curse of the lives that have produced them.

Humanitarianism demands that every individual born be given every opportunity for decent and effective life that our civilization can afford. Racial instinct demands that defectives shall not continue their unworthy traits to menace society. If they mate with a higher level, they contaminate it; if they mate with a lower level, they bolster it up a little only to aid them to continue their unworthy kind. They constitute a breeding stock of social unfitness. In so far as the defective traits of these varieties are in-born, they are to be cut off only by cutting off the inheritance lines of the strains that produce them. This is the natural outcome of an awakened social conscience. It is in keeping not only with humanitarianism, but also with law and order and with natural efficiency. Some one has said that these individuals are so strikingly anti-social that society is justified, if the general uselessness can be shown to be heredity, in cutting off the descent line of the whole group of individuals even if their specific traits and defects cannot be catalogued.

(*) We believe that LIKE PRODUCES LIKE, and that society must at all hazards protect its breeding stock. Society must look at germ plasma as belonging to society, and not alone to the individual who carries it.

*Read at the Washington meeting of the Seaboard Medical Society.

(*) A Scotchman observing his son intensely engaged in digging out a pig trough, said "Son, what are you going to do with it?" "Why, keep it," said he, "to feed you out of when you get old, like you did grandpa."

No doubt you are familiar with the story of Aristotle, of the man who, when his son had dragged him by his hair to the door, exclaimed, "Enough, enough, my son, I did not drag my father beyond this."

Miss Schreiner in her book, *Woman and Labor*, says: "The time will soon come when child-bearing will be regarded as a lofty privilege, permissible only to those who have shown their power rightly to train and to provide for their offspring." Miss Negris' proposal is even more startling. She advocates abolition of the ethical restraint upon those who have passed the marriageable age, 35, and holds that women who are possessed of the worldly means to support children should not be deprived of that blessing by the trick of fate that prohibits their marriage. We can't agree with either of these, but we do believe that the time is now ripe when perverts, degenerates, idiots, imbeciles, epileptics (when not due as a result of traumatism), and all vicious insane, as well as criminals of a certain type who as a rule are the subjects of sexual perversion, should be sterilized, or asexualized; females, by tubercotomy or tuberectomy, or oophorectomy; males, the higher grades by vasotomy, and the lower by castration.

Is it asking too much, is it requiring more than is due for the State through carefully considered legislation to seek to protect itself against the degrading influence of the continually flowing stream of transmitted pollution? which saps the mental, moral, and physical vitality of its citizens. Is it too much to ask that parents of defectives yield their consent to the performance of an operation which in many instances may prove curative, and in many palliative; and in all instances render such subjects impotent to do harm? Failing to get this consent, has not the State the right to adopt such measures in the interest and for the protection of its citizens? Nay, I say, is it not compelled to so act in the performance of its full duty to its citizens?

If the true story of the inmates of the numerous almshouses, houses of correction, jails, penitentiaries, insane asylums, and homes and training schools for feeble-minded where male and female degenerates are confined, could be told, it would present an appalling array of facts,

convincing the most skeptical that the sterilization of the mentally deficient is a paramount necessity in our present social conditions, a beneficent protection not only to the community, but to the defective individual as well.

The question of eunichism is of necessity associated with our subject since the operation proposed produces that condition. The vulgar notion entertained by the uninformed is that the eunuch is deficient in courage and intellectual vigor, and only competent to hold a menial position such as a keeper of women of the harem, or master of bedchambers. History amply refutes this opinion, showing that they have frequently exercised an important influence over potentates, raising himself to positions of great trust and power. Heroditus said the eunuch was specially prized for his fidelity; and owing to this trait of character, frequently occupied the highest offices of trust in Persia. Narses, the great general under Justinian, was an eunuch, as was also Hermius, the governor of Mysia. History of Persia, India, China, and Rome give many brilliant records of the deeds done and of the power achieved by eunuchs. Dr. Martin W. Barr of the Pennsylvania Training School of Elwyn, who, because of his years of vast experience and great opportunities is as well prepared to give expert advice on this subject as any one, says, "In every case operated on in my experience, there has been marked mental, moral and physical improvement." Personally, I very much prefer actual castration, as this leaves nothing in doubt. Dr. Robt. W. Wier says he thinks that castration, or any operation approaching it, performed before puberty prevents the initiation of the sexual desire, and that when done after puberty the virile power gradually subsides. Dr. Charles K. Mills says "In my experience, both the removal of the ovaries in women and the testes in men who have reached mature years have shown eventually same influence in the way of sexual depression." Dr. F. Hoyt Pilcher quotes Dr. Barr in *Mental Depression* as follows: "Much distressed by debasing habits rife among the children of his institution, and having exerted every means of reformation through discipline he, after consultation, castrated 58 boys with resulting gains in almost every case of marked improvement both mental and physical." Dr. Flood, Hospital for Epileptics, Palmer, Mass., reports 26 cases in which asexualization was performed. The sexual appetites seemed to disappear in all but two cases,

and apparently in these, only periodically. Judge Warren W. Foster, New York, says "Education alone will not rid us of criminals, for there are many educated criminals. Punishment alone as a specific for crime is a failure. Abrogation proper treatment of the habitual or confirmed criminal, as well as of the vicious insane."

The editor of a New York Journal in commenting on a Connecticut law said, "Could such a law be enforced in the whole United States, less than four generations would eliminate nine-tenths of the crime, insanity, and sickness of the present generation in our land."

Summary: First, confirmed criminals and mental defectives should be considered subjects for mental and surgical treatment; second, experience of experts convince us that neither punishment, education, nor environment are effective in restoring normal conditions; third, heredity is conceded to be the important factor in the perpetuation of crime and degeneracy, therefore the power of procreation should be abrogated; fourth, the State in exercising its duty to its citizens has the right to enact laws, as the guardian of the privileges and rights of its citizens, which will prevent the procreation of the criminal and defective, and thereby offer protection against conditions which are harmful to its social integrity. Fifth, history shows that the eunuch is not deficient in intellect, vigor, or courage, and he has been prized for his qualities, for his fidelity. His advice and counsel have been sought for by rulers and potentates. Sixth, surgical procedure, instituted for the prevention of the procreation in the criminal, pervert, degenerate, idiot, imbecile, epileptic, and vicious insane, should not be regarded as methods of punishment, but the sole object of which is the betterment of the human race.

Conclusion: May I not appeal to the members of our most noble profession who are the first at the dawn of life and the last at its shadowy eve, who are not only the conservers of public health, but who also are and always will be the promoters of public good in every sense of the word: equipped through years of study and effective service of their professional duties, with courageous convictions and cultured mentality to do the right; we who stand at the very gateway of civilized conditions, ready ever to lend a ready helping hand in promoting any movement that is for the public weal. Again I say to you of the medical profession, may I not ask that the study

and investigation of this subject be approached with the open mind, with the judgment unwarpd by an emotional sentimentality, and that we may have the satisfaction that when we pass to the beyond, that the life of posterity may be easier, happier, and better by us having lived? Feeling that when so studied there can be but one verdict; that of enlightened approval.

WHY?

"Ofttimes within the daily news we see
An expose of some home for feeble mind,
Of how they're kept in want and misery
Or herded close like pigs in filthy slime;
Or of some keeper, bestial beyond belief
Who 'vantage takes nor call of lust denies.
'Tis soon forgot, at times all shout relief;
But why not sterilize?

How odd 'twould seem to stranger from some
star

To note the "Oh's," the drivel and the drool;
That's uttered forth, and al l such thoughts de-
bar.

When science says, "eliminate the fool;
Why people earth with other family Juke?"
All talk or thought which may the sex surprise
Raise futile hands, and blind eyes in rebuke
At hint to sterilize.

Is moron, idiot, such a pleasant sight?
Or do you think he much enjoys his life?
Is that the cause, the reason why you fight
When science shows the way to end the strife?
Conceive a world from feeble mind exempt,
We'd lose at once two-thirds of crime and lies.
The road is plain, success waits on attempt,
Let's sterilize."

—Dr. C. F. Whiteshield, Powers, Mich.

PNEUMONIA IN THE AGED.

By Joseph L. Spruill, Columbia, N. C.

Pneumonia has long been regarded as the most fatal disease of the old. Indeed it has been claimed that almost 50 per cent. of all old people die of pneumonia. In view of this fact, while it is not the intention of this paper to present anything new along this line, it is written with the hope of causing us all, to study more carefully every old patient that comes under our care, lest this dreaded malady creep upon us unawares.

In the first place we know that it frequently comes on with almost no symptoms. Indeed one author remarked that senile pneumonia is frequently diagnosed at the autopsy; and, since there are few or no autopsies made by us country physicians, I am sure that many of our aged patients pass away with pneumonia

that we have never recognized.

It is from the point of symptoms then almost exclusively, that I wish to discuss this disease. Senile pneumonia usually begins with symptoms so mild that they are not noticed until the disease is far advanced. A distinct chill and abrupt rise of temperature of course will put us on our guard, but the trouble is we so seldom see these marked symptoms, especially when the disease complicates some other trouble from which the patient is already suffering.

In most cases the patient complains only of slight chilliness, feeling that he is cold all through. This is followed by a feeling of malaise and uneasiness, he says he does not feel well, yet cannot assign his discomfort to any special locality. He may say he has not slept well, and will not leave his bed. After a day or two of such vague symptoms, there may be headache, rise of fever, dispnoea, the breathing becomes shallow and rapid, a cough, with little mucus, expectoration follows. There is rarely pain unless the pleuritic surface is involved, but there is a feeling of fullness or tightness in the chest and he says he can't discharge the mucus. He becomes rapidly worse and dies of exhaustion.

In other cases, cerebral symptoms may come on, after the second or third day, the patient having a low muttered delirium which may be taken for talking in his sleep. In some cases, complicating other diseases, the first symptoms we have of pneumonia may be pulmonary oedema from which our patient rapidly passes away.

In still another set of cases we may have the disease beginning with rapid prostration followed by preliminary symptoms of rapid shallow breathing, distressing cough and tenacious expectoration. The symptoms common to almost all forms of senile pneumonia, are prostration, rapid, shallow breathing and cough.

While primary senile pneumonia occurring when the patient is healthy will generally show symptoms above referred to, it is well to remark that pneumonia occurring as a complication with some other diseases from which the patient is already suffering may show practically no symptoms.

An increase in temperature during an acute disease usually points to pneumonia, and when complicated with increase in rate of respiration, makes the diagnosis almost conclusive.

Physical signs are about the same in the aged as in other cases, except that

none of them are so well marked, owing to the degeneration of the lung tissue.

Treatment varies but little from that of pneumonia in the average case, except that in all cases, however slight, which keeps an old person on bed for any length of time, a daily physical examination of the lungs should be made. Another point never to be overlooked in the treatment of the aged, is the changing of position. I am thoroughly convinced that I have seen a number of cases of hypostotic pneumonia in the aged that might have been prevented had the patients' position been changed more frequently.

A PLEA FOR MODERN ORTHOPAEDIC SURGERY.*

By Robert A. Moore, M. D., Charlotte Sanatorium, Charlotte, N. C.

By modern orthopaedic surgery I mean both operative and mechanical surgery as more recently applied for the treatment of the congenital deformities and chronic deforming diseases. In presenting this subject I desire to say that orthopaedic surgery is a preventive surgery and should be recognized as such just as we recognize preventive medicine of today. It seems to me just as important to prevent the gross deformities following a case of acute poliomyelitis as it is to prevent a case of typhoid and should be brought before the profession with equal emphasis. In the former we not only prevent the operative risk and suffering incident to such a procedure but we have conserved the functioning powers of all tissue which may have been destroyed in any operative work and we have also prevented the economic loss to the cripple. This principle has been followed very closely during the epidemic of the past summer in New York, where I had the opportunity of observing this work very closely. The mechanical treatment for the prevention of deformities was instigated in every case where the muscle or group of muscles paralyzed indicated that a deformity was likely to follow; consequently the great number of deformities due to the contraction which occurs in normal muscles when the muscle of antagonistic action is paralyzed will not be found as is often seen in this class of cases. However, the work does not end here. In those cases who have acquired deformity treatment is equally important. As any deformity of necessity places a strain on the other portion

*Read before the Seventh District Medical Society at Monroe, N. C., November 6, 1916.

of the body and becomes a secondary deforming force. These cases then must necessarily have special care for it is at this period the all important work of transplanting muscles, arthrodesing of joints, and the application of the various forms of mechanical appliances must be done.

Gentlemen, I trust you will not consider what I am about to say a criticism, as the same conditions prevail in some of the larger cities. Very frequently a case of club foot is not seen by the orthopaedist until after the deformity has become fixed, the bones well ossified, the soft structures unyielding. At this stage a golden opportunity has passed, the only resort is an operation and then with poor results. If the same foot had been taken when the child was only a few weeks old the result would have been entirely different. At this period the bones are not ossified, the soft structures are yielding, by manipulation and mechanical treatment a perfect foot can almost always be secured for the patient.

Frequently the symptoms for which advice is sought in a case of Pott's disease is the paraplegia which is almost sure to ensue if the disease is not arrested. Often when the patient presents himself for treatment of tubercular knee and hip joint diseases there are marked deformities found and sometimes a dislocation. Again valuable time has been lost and the results are equally unsatisfactory. Thus through the whole category of the chronic deforming diseases an early recognition and treatment is essential if we are to give the patient a member which is or approaches the normal in function.

In modern orthopaedics the mechanical treatment is as essential as the operative. Often the splendid result achieved by an operation is lost by no particular attention being given to the mechanical treatment. It is as essential to maintain a part in a corrected position after correction has been accomplished long enough for the correcting forces to be developed so as to equalize the deforming forces plus the time required for the contraction of any scar tissue which may have been produced through the operative procedure. It is also essential that we have the confidence and co-operation of the patient because neglect on his part by not attending to details and not presenting himself for treatment at the proper time may cause the loss of that which it has required months of hard work to accomplish. Thus we see that orthopaedic surgery is a work requiring constant

application to details and an immense outlay of time.

It is not necessary that all patients with some orthopaedic condition remain in an institution as is generally thought. Statistics show that on an average only 10 per cent. of this class of cases treated at the larger institutions ever enter the hospital. Then too it is not necessary that we have large and expensive institutions to carry on this work.

Practically, all orthopaedic cases which receive only the mechanical treatment do better if allowed a certain amount of freedom; however, all cases requiring operative treatment must, of necessity, be confined for a period of time after operation. I have seen cases of tubercular joint disease, which showed symptoms of increased activity of a pulmonary lesion when confined to bed for a long period of time. Then, in the treatment of the tubercular joint lesion we must not forget that we are treating a systemic infection as well as a local condition. The old method of confinement or treatment by strapping to a frame has been replaced by the more modern method in which we recognize that moderate exercise and the proper treatment of the local condition gives us more satisfactory results than the old methods. I once saw an amputation of the leg done for the treatment of a tubercular knee. By the modern treatment of arthrodesis by the method of Hibbs this limb should have been preserved and within a few months the patient would have been able to walk and perform the ordinary duties of life. Then, it seems to me very important, where practical, to preserve all organs which have a vital function in the human mechanism.

I trust that a more profound recognition of this work and of the principles upon which it is based will be given it by the profession and in this way we will not only relieve the cripple of a great amount of suffering and correct his deformity but we will also make him a self-supporting individual. Thus relieving the community and State of a great burden.

POST OPERATIVE ADHESIONS IN ABDOMINAL SURGERY.

By P. St. L. Moncure, M. D., F. A. C. S., Norfolk, Va.

The subject of this paper is familiar I am sure to every one doing abdominal surgery. And while I do not expect to bring out any new discovery, yet, since

post operative adhesions set at naught so many operations that would otherwise be so successful; give the patient so much comfort, and reflect such credit on the operator; that I am going to review briefly the subject, giving a few personal experiences in the hope of bringing out ideas in the discussion, or at least to put thinkers to work; so that some more effective means may be evolved, for relieving this most troublesome and often distressing sequel.

The subject of adhesions in general is a very broad one. So I have narrowed the subject of this paper to include only such as follow operations.

The predisposing causes may be: (a) **Previous infection**; (b) some general diseases as tuberculosis; (c) and I have noticed several cases where there was a keloid growth in the line of the old incision, dense adhesions were found inside the abdominal cavity.

I recall a patient on whom I operated several times for adhesions—she was thought to have had pulmonary tuberculosis, though a positive diagnosis of it could not be made; each time I operated, the adhesions seemed to have a greater tendency to reform and become more dense. The last operation—in which I short-circuited the canal—I found tuberculous peritonitis.

Some previous peritonitis seems to be the most fruitful cause of these adhesions, (nature apparently making an effort to fight the infection), and the severer the infection, the more apt are we to have dense adhesions. Herein lies our greatest hope of success; that some serum or vaccine may be worked out to prevent, or cause the absorption of the adhesions.

Don't let me give the impression, however, that I believe all cases of peritonitis predispose to adhesions, else any operation in the abdominal cavity would be dangerous. The condition, as we find it, may be acute: following very shortly after the operation with severe symptoms, usually causing complete obstruction and calling for immediate surgical interference. And chronic: which give rise to distressing symptoms, long drawn out. These are the cases which come back to us and haunt us—not after death—we often wish it were—but after operation; and tell us that they are not suffering as they were before the operation, but that they can't get their bowels to move without heroic measures each time. That they suffer with gas pains, pains in the side, pains in the back and often a feeling as if something were pulling along the line

of incision. Sometimes they will feel comfortable as long as they are lying down; but as soon as they rise the same aggravating symptoms return. On examination we will often find a dimple usually along the line of the incision corresponding to the site of a firm peritoneal adhesion. The patient will have all the symptoms of intestinal stasis. On operation I have found in some cases much of the gut in the pelvis—and let me say that in one or two cases after the adhesions are broken up and all raw surfaces covered, the intestines resumed their tone and gave no further trouble—in other words, the ptosis seemed to be cured also. The use of X-rays will locate for us the position of the adhesion with its partial obstruction; but it is hardly called for, as the symptoms and signs are very plain.

Treatment: We are coming now more to the point of my paper. In the acute cases in which there may be strangulation of the bowel there is but one thing to do—operate. In the cases less acute in which there is only partial obstruction, many palliative means are at hand; and in those cases in which there is an inherent tendency for adhesions to form and reform to our everlasting annoyance, some serum or vaccine should be found to combat or prevent them; for after all, **preventive measures both in medicine and surgery are far better than the most brilliant treatment later on.**

Preventive Treatment: Cover in some effective way, all raw surfaces in the peritoneal cavity. I have seen in many cases however where this could not be done, no adhesions formed; and in others where the greatest care was taken to cover in every raw surface, everything was tied up in a few weeks. The old Cargyle membrane recommended in all the older text-books has proved insufficient, and I doubt if any of you present has ever used it—I have not. I have, however, had some little success in using detached portions of omentum carefully sutured over raw places. Sterile oils of some kind have been tried but have not proved successful. Sterile air has been pumped into the cavity and left with the hope of at least preventing adhesions between the intestines and abdominal wall; but to my mind the procedure is not only inefficient but dangerous. The administration of morphine after operation is claimed by some to cause them and by others to prevent these adhesions; personally I am an advocate of its use. The same can be said of drastic purgatives, which by causing active peristalsis pre-

vent adhesions, this however, is denied by others.

Electricity has been advocated—at least to break them up—or cause their absorption; but having had no experience I am not in a position to discuss it; but do not expect to try it.

Mayo recommends sterile vaseline. Martin puts his patients (at least those with pelvic adhesions) in the Trendelenburg position and keeps them there several days or longer, and applies firm adhesive plaster dressings to keep the viscera as much as possible out of the pelvis—recommending a straight fitting corset when the patient gets out of bed.

Abdominal massage and gymnastics have been recommended and I have apparently gotten results from massage. We can certainly give the patient relief from the distressing symptoms by the application of adhesive plaster, applied when the patient is in the Trendelenburg position or even simply recumbent. Especially is this efficient when there is ptosis of all abdominal viscera.

Since the best way to treat adhesions is to prevent them, we cannot be too careful in covering up all raw surfaces; and in pelvic work we should not only cover up all stumps but so cut off the stumps that they can be easily covered: For instance, in removing a pus tube instead of leaving a great stump at the horn of the uterus, it may be removed by a V-shaped incision, and closed in completely.

Chronic adhesions have a tendency to narrow the lumen of the intestines anyhow, in such cases, after the adhesion has been torn loose, if it is a very large one, and especially if the muscular coats are wounded considerably, it is better to resect the gut than to narrow its lumen to the danger point by repair of the raw surface. I remember in one instance I resected six inches of the sigmoid flexure of the colon, which had been badly injured by the removal of an adherent fibroid tumor of the uterus, complicated by a pus tube, without the slightest trouble afterwards.

Adhesions in the pelvis between the genital organs, and sigmoid and omentum, do not as a rule give the same trouble as adhesions of the small intestines either to each other or to other parts; but a dense adhesion of a small gut to the raw stump of a pus tube or other raw surface is a serious case, and nothing short of an operation will relieve the distress.

The omental adhesions, while not so distressing to the patient, yet are not without annoyance, and do frequently

give rise to torsion of the bowel around them, causing partial and even total obstruction.

While the function of the omentum is to protect wounded and infected parts—and it may by this act save the life of the patient—yet it leaves her often a sufferer for life.

The most frequent site for them to form outside the pelvis is along the line of the abdominal incision and they are often very very dense along this line. I have seen in patients who are distended with gas after operation or who get up a severe bronchitis, break loose along the peritoneal closure of the incision, leaving a space of an inch or more, to which raw surface the omentum was firmly attached. For this reason I usually close the peritoneum with fine chromic cat gut, and in such a way as to leave no portion of the stitch nor any raw surface—not even the flange of the peritoneal coat—on the inside of the abdominal cavity to tempt adhesions.

Richardson of Baltimore read a most interesting paper before the Norfolk County Medical Society about two years ago on covering raw surfaces of the intestines. He recommended in the case of raw surfaces on the small intestines, simply separating the two layers of sides of the mesentery and slipping the intestine down between them, bringing these sides up and suturing them over the top of the bowel. His illustrations were pretty—he had pictures of his work, and I have made a trial of his method, but it does not work out for me; it is next to impossible to split the mesentery without tearing it, and when you have brought it up over the gut you have thereby made a kink in it. If you can detach a portion of the mesentery and slide it around so as to cover the raw surface all right.

In stubborn cases of adhesions, which keep on coming back to us; and after trying all kinds of cathartics, mechanical appliances, and procedures—finally we suggest another operation, and after awhile the patient consents and even urges it. We operate again and even again, to find the adhesions equally as numerous or more so, the question arises whether we should keep on operating or not.

Murphy recommended some years ago persistence and patience; that success would come in the end; and cited a case in which he was successful the 16th operation. I had a case at the time worrying the life out of me; and while out west asked him about it; he was not

enthusiastic about his case I noticed; told me a great deal would be written on the subject in the next few years. (I have watched the journals in vain for it however.) A few days after this meeting, I found out the real cause of his want of enthusiasm. Dr. Wm. Mayo told me the same case which was reported by Murphy had been out to Rochester, begging for relief from his adhesions—that they had returned.

I am sorry not to be able to report some definite and sure remedy, but hope the paper will bring out discussion and set us all to thinking along this line, for I am sure every surgeon in the society has had similar experience.

1311 Colonial Ave.

**State Board Examination Questions—
College of Physicians and Surgeons
of Ontario.
Medicine.**

1. Endocarditis. Discuss the types, etiology, morbid anatomy, and clinical manifestations.

2. Cirrhosis of the liver. Enumerate varieties, and discuss the pathology, symptoms and treatment.

3. Diabetes mellitus. Describe the mode of onset and urinary findings, and discuss in detail your treatment.

4. Discuss the cause, and describe the prodromal symptoms, course, and treatment of a case of typhoid fever.

5. Discuss the etiology, and describe the lesions and mode of treatment of: Impetigo contagiosa, Herpes zoster, Alopecia areata.

Surgery.

1. (a) What symptoms differentiate a malignant from a non-malignant tumor of the breast? (b) What course would you adopt in doubtful cases? (c) Describe the operation for complete removal of the breast.

2. (a) How is intussusception produced? (b) Give symptoms. (c) Give treatment.

3. (a) Describe a method for amputation in the middle of the forearm. (b) Enumerate the structures divided.

4. (a) Give the differential diagnosis between anal fissure, hemorrhoids and carcinoma of the rectum. (b) Give the treatment of each.

5. (a) Give the differential diagnosis between malignant disease of the esophageal and pyloric ends of the stomach. (b) Give treatment in each case.

Obstetrics and Gynecology.

1. Give the management of a case of pregnancy up to the advent of labor, and

also from the delivery of the placenta to the end of the puerperium, in a normal case.

2. Pains: Define the following:—True, false, weak, cutting, atonic, expulsive, after.

3. Forceps and pituitrin: What are the indications, and the contraindications, for the use of each?

4. A woman's abdomen is enlarged from the pelvis to the level of the umbilicus. Mention the conditions which may produce such an enlargement. How would you make a differential diagnosis of them?

5. Prolapsus uteri; give causes, symptoms, and treatment, operative and non-operative.

Not an Experiment.

The Hogan Silent Roentgen Transformer has demonstrated its efficiency during the past three years. The first of these transformers has seen continuous service for that period in a Chicago hospital without a single day's interruption.

The physician interested in equipping his office will be repaid by writing for description of the Hogan 2 K. W. Transformer, which is especially adapted to general practice. A special introductory offer may be had by writing to the manufacturers, the McIntosh Battery & Optical Co., 217-223 N. Desplaines St., Chicago, Ill.

The INTEROL treatment of chronic constipation in the elderly is rational. It fills one want in a harmless and effective way, namely, the want of colonic lubrication.

While lubricating, it also acts beneficially by softening—or rather by keeping soft—the intestinal contents, and by protecting any bare spots in the tract. Finally, it combats the accompanying auto-toxemia by sluicing out the feces with their toxins, as is evidenced by the improvement in complexion and in general well-being shown by many of these patients after steadily using INTEROL.

All this is done without enervation to an already weakened organism.

Is there any one thing at the physician's command that will do as much for these patients?

*Further literature on this subject, on request. Van Horn & Sawtell, 15-17 East 40th St., New York City.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR.

CHARLOTTE, N. C.

FOR NORTH CAROLINA DOCTORS

April 17, 1917, is the opening day for the meeting of the Medical Society of the State of North Carolina, which will be held in Asheville: the place which is doing more than its part toward making North Carolina famous. The municipality which is striving and succeeding in the effort to become a city, sanitary, convenient, substantial; where the houses of the rich and the poor are alike comfortable and beautiful; where the streets are clean and the sky line is clear as country air; where the architectural excellence of its buildings adds beauty and dignity to its streets; where parks and playgrounds are within the reach of every child; where living is pleasant, toil honorable and recreation plentiful; where capital is respected but not worshipped; where commerce in goods is great but not greater than the interchange of ideas; where industry thrives and brings prosperity alike to employer and employed; where education and art have a place in every home; where worth and not wealth give standing to men; where the power of character lifts men to leadership; where interest in public affairs is a test of citizenship; and devotion to the public weal is a badge of honor; where government is always honest and efficient, and the principles of democracy find their fullest and truest expression; where the people of all the earth can come and be blended into one community life; and where each generation will vie with the past to transmit to the next a city greater, better and more beautiful than the last."

It will be an inspiration to the medical men of North Carolina to come and see this wonderful "land of the sky." The officers of the Medical Society of the State of North Carolina are bending every effort to make this meeting a perfect success. The Councillors of the various Districts are making it their duty to assist in the perfection of a studied, well prepared, efficient program. The Chairmen of the various sections have separately and in conjunction with one another arranged symposiums on subjects which are of particular interest to North Carolina's general practitioner. The meeting which begins April 17th has an ideal

through which the purpose of efficiency runs; an ideal to show to North Carolina that its medical profession is of such quality that it can come together and prove by its meetings that its membership is composed of men who from a standpoint of character, intelligence, strength and training will compare favorably with the profession of the best spots of the world.

It will pay every physician in North Carolina to attend the Asheville meeting. It is impossible to even tabulate the wonderful benefits that emanate from the Medical Society Meetings. It pays every physician to help make a medical meeting a success. It educates him; it stimulates him; it lifts him up from the despond of routine work; it gives him hope; pride in his profession; faith in the future of it and faith in himself.

No recreation is so pleasant or profitable; no opportunity for making and keeping friends is so potent; no chance to learn as much in so short a time. Every registered physician should connect himself with the Medical Society of his state for his own good; for his own advancement as well as for the advancement of his profession.

Come to Asheville and bring your friends with you.

IS IT COMING?

"Look not upon the wine when it is red; when it moveth itself aright, and showeth its color in the cup; for at last it biteth like a serpent, and stingeth like an adder."

The cohorts of "King Alcohol" are being pushed back by the increasing and mighty hosts of Prohibition. State after State now marches under the banner of Prohibition, and a nation-wide wave seems imminent. Some of the ablest men of the country are championing the cause, and are demanding that not only the nefarious saloon must go, but that the manufacture of intoxicating liquors should be abolished also.

There is no community, where its desolating evil exists, that it is not sincerely deprecated. It is especially so in orderly and intelligent communities. Philanthropists have conscientiously resisted its ravages upon society in every conceivable manner. Argument, moral suasion, sympathy, kindness, forbearance and all manner of moral influence have been exhausted upon it. Crusades, prayers, tears, and even "mobs of pious women" spurred by super-masculine strength and bravery, have boomed the law, battered down doors, fearlessly invaded saloons, and boldly flooded streets with the death-

dealing stores; but only temporary results followed.

Generous liberality has provided homes, retreats, associations for encouraging the unfortunate victims of the vice, to assert their self-control and rise from the debauchery of drunkenness; but all these efforts and provisions have been fruitless, except in a few instances. Laws for the suppression of the vice, by imposing burdensome taxes and prescribing dire penalties for violations, have been tried; but so far all the measures fail to accomplish any results to amount to anything. The only thing that will be effective will be to wipe out the retailing of intoxicants as a beverage. Alcohol is necessary in the arts and sciences; but, except in rare conditions, whiskey can be dispensed with. There may be objection to the manufacture of whiskey, if it is not allowed to be handed to the bar-room keeper, to make drunkards, law-breakers and vagabonds.

F.

THE NEW UNITED STATES LIFE TABLES.

The mysteries of life and death have from the earliest dawn been the subject of constant speculation by poets, philosophers and all peoples of the earth. The sum total of all recorded reflections until those of very recent years indicate that death strikes at random and knows no law in the aiming of his relentless shaft. The great paintings, the plays of the past, all ethical and moral teachings, alike reflected the constant belief in an absolute uncertainty as regards the mortality of humanity.

The earlier English bills of mortality, appearing about 1538, did not deem it of importance to even note the age of decedents until as late as 1728. This would indicate the general belief in all circles that death was a random distribution uninfluenced by any of the factors now known to affect the mortality rate. A belief in blind chance persisted until the end of the seventeenth century when Edmund Halley prepared the first life table showing the law of averages governed the steps in the weird dance of death. Since then numerous organizations, notably since 1850, have constructed life tables and the countries of Europe have from time to time constructed and published such tables representative of mortality experience.

The United States Life Tables recently issued by the Federal Government are based on the census of 1910 and the mor-

tality statistics of 1909, 1910 and 1911, in the eleven original registration States consisting of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Indiana, Michigan and District of Columbia. The first table is for both sexes and is fairly representative of mortality conditions prevailing in the United States, being based on over 24,000,000 enumerated lives and 1,000,000 reported deaths. Following this appears a variety of tables presenting different phases of mortuary experience as sex, racial, state, native, foreign, urban, rural. The preparation of a life table from the census and mortality statistics is very similar to the striking of a balance in a set of accounts. Only by a life table may one ascertain at the different ages the mortality rate, expectation of life, and the annual death rate in a given community. On the surface such rates may at times be misleading; as for instance, a newly settled community with its excess of younger ages with resultant low mortality rate, or per contra, an old community where the younger has felt the migratory impulse, leaving the older ages to show a higher mortality rate.

The U. S. Life Tables will prove a valuable aid to public health officials, students of vital statistics, medical men, statisticians, sociologists, and writers on public health topics, all of whom will find useful material for consideration and interpretation. Eventually, when the subject matter of the tables becomes more generally known, such tables will, in comparison with local mortality rates, become useful as a test of the value of much public health work, and a standard of measurement to which tax payers will appeal to determine the real value of such work.

Heretofore studies involving the date exhibited in the tables have been adjusted usually by reference to either the English tables or the published experience of the American life insurance companies, neither of which accurately noted the conditions and experience of the whole population, hence their value will be great. Their recent publication will attract much attention, and a variety of new questions will be raised as a result.

For instance, the excess of city over rural mortality is so great that the attention of health officials and others will naturally be given with a view to securing a reduction in the larger city mortality to at least the minimum of rural experience as shown by the tables. This

relative condition will come as a surprise to many people, for often of recent years, we have heard it stated that the olden time view as to the greater healthfulness of the country as compared with the cities, was an error, and many had come to think it an exploded myth. But apparently, the Federal records show to the contrary, and very soon, the public at large, will in its belief, hark back to the old conviction in the superiority of rural residence from a longevity view. In the tables it is shown that of 100,000 rural male births, 58,117 survive to the age of 60, while of 100,000 city births, only 45,454 attain the age of 60.

In other words 14,663 more men out of the same number of births—100,000—would reach the age of 60 in the country than in the city on the basis of existing mortality rates. These figures are of such astounding importance, as pointed out in the Federal report, that they should receive thoughtful consideration at once. Recent life tables issued in England and Germany by their governments show a similar status.

Contrary to the strongly insisted views of the life insurance companies a few years ago, the mortality rates among women are lower throughout the whole of life than for men, and that the life expectation of women is much greater than that of men. But while this last statement is true in a general way, there is a striking exception in the case of rural women. From 20 to 40 the mortality rate for rural women is almost as great as that for men. From 25 to 35 it is actually greater. Certainly a consideration of this last stated fact, emphasizes the importance from a public health standpoint, of an effort being made to attach greater importance in country life to surrounding the average country woman with more care and comfort in her child-bearing functions. Manifestly, here is a point for REFORM in North Carolina and the rural districts of the South in general. This same heavier mortality is noted also in the negro woman in the younger ages.

That the Federal government has performed a valuable service in the publishing of the U. S. Life Tables admits of no argument, and their wide publicity and thoughtful study will be helpful.

J. H. W.

THE MIND IN MEDICINE.

It must be admitted, *a priori*, that this is not a new topic. The same may be said of many other topics we often dis-

cuss. It is an undisputed fact that the mind is a great factor in causing suffering and disease and it is equally true that the mind can often be turned to good effect in alleviating human ills, both mental and physical. Perhaps nine-tenths of the ailments which the physician treats are functional in character and the physician realizes that the matter of greatest importance is to arouse in the patient a hopeful and expectant attitude of mind, aided and abetted by his medicine and hygiene. In the other one-tenth of cases in which disease is so thoroughly entrenched as to make hope of ultimate recovery out of the question, the arousing of hope in the patient's subconsciousness may exert a salutary effect in making the final days of suffering more tolerable. In fact many an individual has been known to live longer than the physician who sounded his death-knell.

Psychotherapy judiciously employed is of unquestioned value in dealing with the sick. The trouble is that most of us are bunglers in making the right application of this valuable adjunct to the healing art. The mind does not admit of any definite standardization and too often we suggest new symptoms and an adverse trend of thought to the patient when we are striving to do him good. Psychotherapy has no semblance of standardization. The cults and quacks have usurped this phase of medicine so far that the regular profession has come to look upon it with disfavor. It is not scientific to dabble in things that are intangible and speculative. Hence the word "cure" has been wiped off our lexicon. No physician uses the term at the peril of losing his respectability. And still we make a good deal of serums and vaccines and so-called specifics in medicine when every seasoned practitioner realizes that we haven't half a dozen discoveries in medicine that can rank as dependable curative agencies.

In effecting a cure—pardon the word—we never know how much good to attribute to our remedies, generally speaking, and how much to the inherent vital forces which are more or less directed by our mental attitude. Some years ago a man asked me to give him something to cure him of the tobacco habit. Incidentally I was giving him some calomel and quinine to break up an attack of chills and fever. Now I haven't any faith in any medicine *per se* that will cure a nasty habit, but I told the man I would see what I could do for him some time and forgot the incident. Imagine my surprise a few weeks later when another

man, a friend of the first, called on me for my cure for the tobacco habit, stating that I had most thoroughly cured So-and-So of the desire for the weed.

The widespread use of patent medicine is based largely upon the psychic influence which advertisements exert upon the mind, and often the individual has suggested to him ailments that he had not previously thought of. When a remedy, no matter how humble it may be, gets a reputation it takes hold of people like a popular song. About the time peroxide of hydrogen came into use a medical man of my acquaintance conceived the idea of telling a patient that he learned the use of it from "an old German professor" and had paid him a fancy sum of money for the secret. After that H_2O_2 was very popular in that neck o' the woods, as everybody wanted to try the wonderful remedy.

Psychotherapy in order to be of avail should be employed in a timely and judicious manner. The patient should be measured and methods gauged and applied accordingly. Our words, acts and gestures count for much in dealing with the sick. But too much talk is calculated to defeat one's aims. The physician who oozes optimism and good cheer from every pore, other things being equal, is the one who infuses hopeful expectancy into his patients and, incidentally, has the biggest practice.

Psychotherapy can be practiced in divers ways. It is a natural adjunct to the general practitioner's armamentarium. When a medicine is given to a patient its efficacy will be enhanced if the suggestion is made that certain salutary effects will follow. Create the right concepts in the mind. If we do not through some hocus pocus establish the cure idea in the mind we have lost much. W. T. M.

LONGEVITY.

"The years of a man's life are three score and ten, but if by reason of strength he live four score, yet is their strength, labor and sorrow, for it is soon cut off, and we fly away." The psalmist, David, lived just three score and ten! Moses lived to the age of 120 years, and his brother Aaron lived to be 110 years of age. Miriam, the sister of Moses, died at the age of 130. The patriarchs lived to very old age; perhaps they were largely tent dwellers and lived the simple life. "Abraham gave up the ghost and died in a good old age—an old man and full of years." Isaac lived to be 185 years old. Pharaoh asked Jacob how old he was.

"The days of the years of my pilgrimage are one hundred and thirty years, and they have not attained unto the years of my fathers."

There are abundant examples of persons living to several years over a century; and in about every community, nonogenarians are to be found. Especially is old age the rule among those who live a quiet, even life. Extreme, or even moderate age, is not found among denizens of the noisy manufacturing centers of population, peculiar to large cities with the hurly-burley rush of business. An even-tenor, plain, simple life, results in health, peace of mind and long life.

Haller collected a great number of examples of extreme age; among which he tabulated more than a thousand individuals who attained the age of one hundred and ten years; sixty who live one hundred and twenty years; twenty nine who reached one hundred and thirty years; six from a hundred and forty to one hundred and fifty years; and one, Harry Jenkins, who lived to be one hundred and sixty-nine years old. "Old Tom Pann" is reputed to have lived to be one hundred and fifty-two years and nine months of age.

A great many speculative notions have been promulgated from time to time, in regard to modes of living, by which life might be extended to or beyond one hundred years. Conaro, of Italy, who had a feeble constitution when young, lived, by advice of physicians, on a very scanty diet. Up to thirty-five years of age he was dissolute in habits, and was informed that he had but two more years to live. In his own words, he says: "I got angry at trifles, and no one could live with me. At the end of twelve days, I had a violent pain in my stomach, which continued twenty-four hours. It is not necessary to say that they despaired of my life." He began a liberal diet, avoided as much as possible extremes of heat and cold; avoided violent exercise and living in places where the air was impure. He declared he was as happy and healthy at ninety-five as he was at twenty-five. He had a fixed determination to live long, and said: "I am certain of living more than one hundred years." He wrote a book at 83, one at 86, one at 91, and the last at 95 years of age. He was very domestic, and reared a family of eleven children. It seems that long life depends more on the manner of living than it does on a strict dietary.

TRI-STATE SESSION ECHOES.

That Dr. Joseph Graham is a most capable and efficient manager of arrangements for a medical society meeting, every one attending the Durham session is pleased to admit. Also that he had most admirable aid in Drs. S. D. McPherson, Foy Roberson, W. H. Boone, L. S. Booker, R. L. Felts, Arch. Cheatham, B. W. Brooks, B. W. Fassett, C. A. Woodard, N. D. Biting and J. M. Manning, all equally agree. In short the Tri-State doctors are just like the North Carolina State Medical Society doctors were at their annual session in Durham last April, simply "deelightd" with Durham, its doctors, its good folks, its great College—in fact with everything the great hustling young city has charmed us.

The votaries of OALR were well represented in the persons of Drs. E. W. Carpenter, L. O. Mauldin, J. W. Jervey, W. E. Driver, and good old dean Joseph A. White.

Vice-President Charles J. O'H. Laughinghouse, Greenville, N. C., and the honored President of the North Carolina State Medical Society, presided with much grace and becoming dignity in the section in medicine during the afternoons.

The third week of April, 1917, will find the two Carolina State Medical Societies in session just 75 miles apart. The one at Asheville, the other at Spartanburg. We trust a committee from each will attend the other as fraternal delegates illustrating the close ties that bind the profession in the sister States.

Dr. Curran B. Earle, Greenville, S. C., President of the South Carolina Medical Association responded most felicitously at the opening exercises and again at the festivities in the Elk's Club Wednesday evening or Thursday morning.

Tri-Staters were pleased to have with them Baltimore's distinguished Gastroenterologist, honorary member, Dr. Jno. C. Hemmeter, whose paper was one of the noteworthy contributions to a superior array of excellent papers.

The re-election of Dr. W. W. Fennel, Rock Hill, S. C., a member of executive council was a deserved tribute to one of the Tri-State's most faithful members as well as a compliment to one of South Carolina's most distinguished medical sons.

In electing Dr. David T. Tayloe, Washington, N. C., its President by unanimous vote, the Association honored a capable and deserving member of the North Carolina profession, and as well a worthy member of the organization, a charter member, he has served the society when opportunity afforded and the honor coming to him at this time is in every way worthily his.

Of course Tom Williams, Neurologist, but ever ready and able to discuss anything in medicine or surgery, was present and enlivening always. And the younger generation of neurologists were well represented at the Durham meeting by such strong vigorous thinkers as Jas. K. Hall, Beverly R. Tucker, L. G. Beall, and others, men who in time will worthily wear the honors achieved in this field by men like I. M. Taylor or J. Allison Hodges.

The surgeons, but why name them? They are omnipresent, and without their aid and presence we could no more have a successful medical society meeting than aviate without some pretense of wings. The Tri-State is fortunate in the personnel of its surgical members, and the papers presented by them from year to year, would worthily grace the transactions of any surgical society on earth.

The suggestions of Dr. M. O. Burke, Richmond, Va., relatives to the requiring of all proposed titles to be in the hands of the Secretary 30 days prior to the session, as well as the idea of limiting the program to fewer papers, were both admirable, and while rejected now, will in time become the recognized order of procedure. Next year it will likely be necessary to meet in two sections, a medical, and a surgical one as was done a portion of the time at the Durham session.

Dr. Stuart McGuire, as he always does, gave both pleasure and instruction to those who were fortunate in witnessing his clever operations at the clinic in the Watts' Hospital Thursday morning. Easily the South's foremost living surgeon, his genial personality is also one which wins friends wherever he goes and assures him the undying affection of many, many, loyal supporters both within and without the profession.

Dr. R. E. Hughes' unanimous re-election as Secretary-Treasurer, showed the appreciation of the Association of his

good work. Some other medical societies could improve their system by combining the posts of Secretary-Treasurer as is done in the Tri-State. If the Secretary of a medical society is charged with the responsibility of collecting the monies, he is always in a better position to know what to spend. The plan is a good one, and deserves imitation by some of the State Medical Societies.

Pressing invitations for the 1918 session came from Spartanburg citizens, lay as well as professional, and the Tri-State wisely accepted that thriving city. The local profession is high grade, imbued with the modern progressive spirit, and reflects much credit on the Palmetto State profession. The meeting of the South Carolina State Medical Association there in April, 1917, will in a way, prepare the profession and people for another high class doctor's convention, and the Spartan City profession and people will alike measure up fully to its responsibilities.

Trinity College, through its talented President, Dr. W. P. Pew, and the faculty secretary, Prof. R. L. Flowers, contributed in no small degree to the success of the session. Duly appreciative of the fact that a great institution of learning like Trinity College, should exert an influential and a helpful part in many phases of the public community life, these gentlemen were most active in having the college perform its full part in the entertaining of the visiting doctors. In return it may be truthfully said, the brilliant President's Address of Dr. Hodges, Governor Bickett's address, and the two illustrated lectures of Drs. Bryan and Bainbridge, gave the student body an evening's instruction that recompensed the great college for its courtesy to the stranger within the gates.

In many of the State Medical Societies it is often noted that the ex-presidents are too prone to feel that having enjoyed the honors of the organization, they are not expected to attend regularly and take an active part in the societies' work. Not so with the ex-presidents of the Tri-State Medical Association of the Carolinas and Virginia. Of the 14 living ex-presidents, no less than 8 were present and actively interested in the Durham meeting. Drs. John N. Upshur, Joseph A. White, and Stuart McGuire, Virginians, Hubert A. Royster, J. Howell Way and E. C. Register, North Carolinians, Rolfe E.

Hughes and Arch. E. Baker, South Carolinians, who have occupied the President's chair were present at Durham, and it is safe to predict that Drs. J. Allison Hodges and D. T. Tayloe will prove equally useful as ex-presidents to the the Association.

While there was a couple of enthused speeches in the short debate on the changing of the constitution so as to nominate officers from the floor of the general session in lieu of having nominations reported by the executive council as heretofore, it was manifest the Association was going to make the change, which was made without special friction or passing incident worthy of chronicle. Strong forceful leaders of the profession have usually been accorded the elective honors in the past, and it is more than likely, such result will be manifest in future elections as was evidenced in the results of the first trial at Durham.

As a rule most medical societies, state, and others as well, revise their constitutions, by-laws, or rules of procedure about every ten years or such matter. Such has been the fairly uniform practice in Virginia, North Carolina and South Carolina, as older members, or those fairly familiar with organization matters know, hence it was perfectly natural the Tri-State should follow suit in this matter and in revising, it has merely followed a sort of natural law, possibly without some of the chief promoters of the revision knowing they were in the main merely giving vent to a periodical manifestation common to medical bodies. That the Association will prosper under the new plan of electing officers, all are agreed. Those believing the former plan saved the time of the general session were quite content with the older method, and they will be equally pleased with the revision. If a man is the kind of material to select for high honors, he is very likely to be found out by some strong man, or men, and the honors are just as readily distributed under one system as when operating another. Experience has proven this in the State societies, and it is unlikely the Tri-State will prove an exception. Still at periodic intervals in all medical societies, men will arise and proclaim an avenging Nemesis close on our heels whose combinations may only be avoided by a transmutation of some portion of the Association's machinery. Wise man is he who realizes that a thing may be performed often equally well by a va-

riety of methods, and eschews pernickety performances in vainglorious tissue destruction purpose trying to convince his futile fellows.

Speaking of the ex-presidents of the Tri-State, it is of interest to note that every president with only two exceptions has been president of his own State Medical Society, which merely goes to show the Tri-State has been willing to accept the home state's estimate of its men.

EDITORIAL NEWS ITEMS

Dr. S. W. Pryor, Chester, S. C., entertained at his hospital in February the Chester County, S. C., Medical Society.

While hunting February 10, near Cheraw, S. C., Dr. O. H. Purvis had the misfortune to have his gun explode seriously injuring his hand.

Dr. R. A. Davis, city health officer, Newport News, Va., has tendered his resignation on account of the duties interfering with his regular professional work.

Plans have been recently made to establish a U. S. Base hospital in Richmond, Va. The institution would carry about 500 cots.

Charlotte, N. C., has just closed a successful campaign for the purpose of raising \$100,000.00 for a new Presbyterian hospital.

Dr. J. C. Burke, a well known physician of Roanoke, Va., underwent an operation for mastoiditis recently with successful result.

The dinner party in honor of Governor Bickett, given by Dr. W. P. Few at his attractive home on the college campus was much enjoyed by the dozen doctors in attendance.

Dr. H. R. Black, Spartanburg, S. C., was recently elected president of the city board of health, Vice Dr. J. H. Allen, deceased. Dr. O. W. Leonard succeeds Dr. Black as Vice-President of the Board.

Dr. Ch. W. F. Winckel, public health officer of the Dutch West Indies has been spending some time in studying health work in South Carolina, being recently for a few days in Greenville.

The Norfolk, Va., County Medical So-

ciety has a committee charged with the duty of providing clinics for the regular meetings of the county society. An excellent plan, worthy of emulation.

Mayor J. T. Hanvey, Portsmouth, Va., has recommended to the city council the abolition of the city health board and the placing of all matters formerly cared for by the board in the hands of a paid health commissioner.

Dr. L. N. Glenn, Gastonia, N. C., is spending some weeks in post-graduate study in Rochester, Minn., at the Mayo Clinic, and reports in a letter to a friend, "Lots of good surgery, snow in abundance, and extremely cold weather here."

Complaint is being made in West Virginia that the three miners' hospitals are entering into competition with other hospitals in the State, and it stated a bill to regulate their service will be introduced at the coming legislative session.

The well known oculist of Asheville, N. C., Dr. Guillard S. Tennent, has associated with himself, Dr. Joseph B. Green, and together they will continue specializing in A.O.R., officing in the attractive new Medical Building adjacent to the Asheville Club near the entrance to Battery Park Place.

Rocky Mount and Canton, N. C., have each recently added to their public health equipment by securing in each city a whole-time public health nurse.

The District City Physicians, Richmond, Va., are seeking an increase in salaries owing to the advance in the cost of living with prospect of a 10 per cent. raise it is said.

At Danville, Va., a quiet investigation by the police developed the fact that more than 700 bottles of a poplar quack medicine with large alcoholic content was sold the week end following February 21, 1917.

The annual banquet of the Zeta Delta Chi fraternity at the Medical College of Virginia was held at the Jefferson Hotel, Richmond, Va., February 23, 1917. The same evening the Chi Zeta Chi fraternity in the college also banquetted in the Flemish room of the Jefferson.

Dr. Daniel E. Sevier, Asheville, has been re-elected County Health Officer at

a salary of \$2,000.00 for Buncombe County, N. C. An admirable selection will be the universal acclaim of the many North Carolina doctors who know of Dr. Sevier's untiring efforts for the cause of advanced public health endeavor in North Carolina.

A beautiful four-acre tract of land has been provided in Durham, N. C., and plans are being made for the erection of a \$50,000.00 hospital for negroes. Dr. A. M. Moore, a well known negro physician, has associated with him some influential citizens who with his intelligent guidance, assure its success.

Dr. John Lunney, Darlington, S. C., died at his home February 18, 1917, in his 85th year. He saw service in the war between the states, and continued in active practice until a few years since. He was a member of the Presbyterian Church and is survived by a widow and three children.

Augusta County, Va., is waging an active campaign with every prospect of success to secure a whole-time health officer. The example of North Carolina is being followed rapidly by sister states in this respect, this state only recently leading all the states in the number of whole-time county health officers.

A recent meeting of the Columbia, S. C., Medical Society is reported as having voted on the question of the necessity of alcoholics in the treatment of disease three-fifths affirmatively and two-fifths negatively, though it is stated that a majority of the members were not present at the session when the vote was taken.

All honor to the King's Daughters' organization of Staunton, Va. Their society recently designated a certain week day as "Doctor's Day" and on that day systematically called at the office of every physician in the city and carried away all the doctor's old newspapers, journals, and books out of date, to be sold as waste paper for the benefit of the charitable purposes fostered by the King's Daughters.

Dr. J. E. Ellington, N. C. State Board of Health, assisted by Dr. D. C. Absher, Vance County, N. C., whole time health officer is engaged during March in conducting a health survey of every citizen of the county. No treatments are given or suggested merely a diagnosis of every

one with a view to ascertaining the possible existence of such diseases as cancer, tuberculosis, nephritis, apoplexy, organic heart and other diseases. The N. C. State Board of Health believes in this direction lies an opportunity of service incalculable in value to the citizenship of the country.

Lenoir County, N. C., which voted at the November election to establish and maintain a county hospital by taxation as provided by the legislative enactment of the North Carolina Legislature in 1913, will shortly begin the construction of the new buildings for the purpose of the hospital. It is estimated the entire plant will cost approximately \$50,000.00. It will be located most likely at the county seat, Kinston.

Dr. Robert Chesney, formerly of Charlottesville, Va., late of Wilford, Utah, died January 20, 1917, at the age of 90. A graduate of Washington College (now Washington and Lee University), in 1848, also of the University of Virginia, class 1849. He lived an eventful life.

Dr. J. E. W. Haille, Rock Hill, S. C., a well known physician of that city and a member of a prominent Kershaw County family, died February 11, 1917, after a brief illness. Dr. Haille was a graduate of Atlanta Medical College, 1882, a member of the South Carolina State Medical Association, local surgeon Southern Railway, etc. He was fifty-six years of age and is survived by his wife.

The College of Charleston, S. C., has inaugurated a pre-medical course of study that it is said will be credited by the medical schools of the country as a part of the medical course. An excellent idea that deserves to be put in operation in other colleges over the country, it being apparent that there has been a swinging of the pendulum too far to require a course of study that no man of average intellect may complete prior to attaining age of near thirty to fit him to practice medicine.

Dr. Julius Howard Allen, a well known physician of Spartanburg, S. C., died of heart failure in connection with an acute attack of tonsillitis at his home January 24, 1917, at the age of 48. Dr. Allen was a native of Evansville, S. C., an active practitioner in Spartanburg since 1900, surgeon to the C. & W. R. R., and C. C. & O. R. R., at one time president of the

county medical society, a member of the State, Tri-State and A. M. A. Associations, a good citizen, and an active member of numerous fraternal organizations. He leaves a wife and one son. Devoted patients have in hand a plan for endowing a portion of the new hospital in that city in his memory which is expected to be carried out.

The Virginia Public Health Association meets in Lynchburg, Va., April 16-18, 1917, under the presidency of Dr. Ennion G. Williams of Richmond. Dr. W. B. Foster, Roanoke, Va., is secretary. Milk inspection, rural hygiene and sanitation will receive particular attention. More than 600 delegates are expected to attend.

The daily press reports the closing of the schools in Wytheville, Va., on account of the prevalence of mild type of small pox in the city. We trust this is an erroneous report as in this day of vaccination and modern sanitary endeavor, the closing of schools under such circumstances may, as a rule, be regarded as having deservedly passed into the same degree of innocuous disuse as has the old-time "shot-gun quarantine" for the prevention of yellow fever. Virginia has an excellent State Board of Health for which we entertain the highest respect.

The Dixon Health Resort, Hendersonville, N. C., the private sanitarium for non-contagious medical diseases of Dr. Guy E. Dixon, is now open for the reception of patients. It is a substantial granite building, with accommodations for 30 patients, comfortable and homelike, with proper appliances, located in a delightful climate, with beautiful and spacious grounds, and should prove an attractive place for patients desiring a mountain resort of moderate altitude.

The annual report of the City and County of Durham, N. C., for 1916 has been received, and is worthy of careful study by sanitarians throughout the South. Great credit is due the efficient health officer, Dr. Arch Cheatham, and his strong and helpful board, with Dr. J. M. Nanning as chairman, for the excellent work accomplished and the creditable showing Durham is making as a practical exponent of advanced sanitary effort and accomplishment.

Dr. Ira M. Hardy, Kinston, N. C., the "father" of the N. C. School for Feeble-

minded, was awarded judgment against the City of Kinston, N. C., and a paving company for the sum of \$1,150.00 for injuries sustained to himself and automobile some time since on account of an unlighted and unprotected street opening into which the doctor drove his machine at night.

The Second District Medical Association of South Carolina held its semi-annual session in Barnwell, S. C., January 31. Auto-Intoxication, Blood Transfusion, Carcinoma of the Colon were discussed. A resolution endorsing a rigid enforcement of State-wide prohibition was adopted. Officers are as follows:

President—Dr. J. L. Copeland, Ehrhardt.

Vice-President—Dr. W. R. Lowman, Orangeburg.

Secretary—Dr. Vance W. Brabham, Orangeburg.

The Bamberg County Medical Society entertained the visitors with a dinner.

Some efficient work was done at Raleigh, N. C., during the recent legislative session by the alert Secretary of the N. C. Board of Medical Examiners in watching out for the "special license" bills appearing from time to time in the legislature providing for the licensing to practice of some, either more or less frequently rejected former applicant, or some equally incompetent so-called doctor of medicine desiring admission to the ranks of legal practitioners, but preferring to come in at a side door rather than the main entrance.

At Charleston, S. C., on February 20, 1917, Dr. John L. Dawson, a well known physician died at the age of 58. A graduate of the College of Charleston and of the Medical College of South Carolina, he attained far more than average prominence in the profession achieving a reputation in general medicine more than statewide, and serving the chair of medicine in the Medical College of the State of South Carolina for many years. He was a member of the County, State and American Medical Associations. Exercises at the Medical College were suspended in his honor, he being professor emeritus at the time of his death.

The special features of the approaching meeting of the Medical Society of the State of North Carolina in Asheville, April 17th, will include:

(1) The elaborate entertainment of the

society by the physicians of Asheville, including a drive through the Biltmore Estate, and lunch at the Biltmore Dairy.

(2) An address on Surgery by Dr. Geo. W. Crile, of Cleveland, Ohio.

(3) Addresses by other distinguished visitors.

(4) A paper by Dr. J. T. Burros of High Point on "The Hospitals of North Carolina," illustrated by lantern slides.

(5) A paper by Dr. J. W. Long of Greensboro on "The History of the Society," illustrated by lantern slides.

The North Carolina Legislature has appropriated for new buildings items of special interest to the medical profession as follows:

State Hospital for Insane, Morganton, N. C., \$200,000.00.

State Hospital for Insane, Raleigh, N. C., \$200,000.00.

State Hospital for Insane, Goldsboro, N. C., \$125,000.00.

State Sanitarium for Tuberculosis, Sanitarium, N. C., \$150,000.00.

Sixty-Fourth Annual Meeting at Asheville, April 17, 1917.—Asheville. That's all. Two sections will be run throughout the entire meeting, and on the day that the Eye, Ear, Nose and Throat men meet there will be three sections.

Section A. will be devoted to internal medicine, public health, obstetrics, therapeutics and pediatrics.

Section B. will be devoted to surgery, gynecology, anatomy, physiology, chemistry, pathology and bacteriology.

Section C. will be devoted to Eye, Ear, Nose and Throat.

Dr. George W. Crile of Cleveland, Ohio, will be present and read a paper on surgery. Some distinguished public health man and some "big man" on the throat will be present and read papers.

Dr. J. W. Long of Greensboro is preparing an illustrated lecture on the history of the Society. Pictures of the officers of the Society, past and present, will be shown by means of lantern slides.

About twenty copies of the 1916 Transactions have been returned to the Secretary undelivered. As stickers have been placed over the original address it is impossible to learn to whom these books were originally sent. Any members of the Society who have failed to obtain a copy of the Transactions will please notify the Secretary.

Members of the Society whose names have failed to appear in the Transactions should immediately notify the Secretary. Also those whose names or addresses are

put down wrong. Many of the reports sent to the Secretary do not give full information about members, that is, year of license, year in which they joined Society, year and college of graduation. Where a member finds this information not given in the Transactions he should supply the Secretary with the data.

Nineteenth Annual Session of the Tri-State Medical Association of the Carolinas and Virginia.—The nineteenth annual session of the Tri-State Medical Association of the Carolinas and Virginia was held in the hospitable city of Durham, N. C., February 21, 22, 1917, with probably the largest attendance in the history of the society and upwards of forty applications for membership.

The local profession of Durham had with rare foresight and consideration made provision for apparently every possible means of contributing to the comfort and entertainment of the visiting guests and the entire session proceeded along the lines of the prearranged program without the least hitch or jar and with a degree of satisfaction and enjoyment that emphasized to all, that the Durham doctors are not only a high grade class of professional gentlemen, but know exactly how, and what to do, to promote the success of a medical gathering in their beautiful, hospitable, and progressive city.

Dr. Joseph Graham and Mayor B. S. Skinner welcomed, while fitting responses were made by Drs. Curran B. Earle, Greenville, S. C., and Alex G. Brown, Richmond, Va., after which the Association proceeded to the consideration of a choice program of papers presented by some fifty of the leading members of the profession in the constituent States.

Wednesday evening the Association were the guests of Trinity College, the special exercises being held in the spacious college auditorium.

The President's address by Dr. J. Allison Hodges, was a masterful production and is elsewhere given in full. Suffice to say, it more than fully justified the anticipations of his admirers who expected the man and the occasion would produce a masterpiece of medical thought worthy of both. In his rather lengthy address he held the rapt attention of the large and cultured audience, being closely followed by the lay as well as professional portion of his auditors. His subject, "The Spirit and Trend of Modern Medicine in the South," was well conceived, most attractively presented, and evinced possession,

on the part of the speaker, of a thorough knowledge of the medical profession, its successes, its failures, its hopes and aspirations, its dangers, and with felicitous vision of its future achievements and glories.

Gov. T. W. Bickett, whose splendid inaugural of some weeks ago, with its comprehensive grasp of the essential principles of good government promoting high grade citizenship and particularly its manifested extensive knowledge of the work of the medical profession, so thrilled the entire State and delighted its physicians, came up from Raleigh on the afternoon train and delivered a most excellent address to the Tri-State members and the student body of the college. The Governor of North Carolina is not only a thorough statesman, admirably versed in a profound knowledge of the law as it exists today, but possessed of an unusual grasp of the many present-day human activities and resultant problems. With this he has coupled a tremendous realization of his powers and capabilities to use his great office to serve best his people, and a determination to accomplish many things during his official term.

Following Governor Bickett's appreciated address Dr. Robt. S. Bryan, Richmond, Va., presented a series of very interesting lantern slides with lucid dissertation illustrating his personal observations on the care of the wounded in the great European War. Dr. Bryan, it will be recalled by readers of *The Journal*, spent almost the whole of 1916 in the hospitals on the war front in France, and his accomplishment there was of great material aid to the Allies. Modestly omitting details here and there which showed unquestionably his own active part, he portrayed in graphic manner, a most entertaining recital of the horrors of war, the success of modern surgery, the devotion and privations of the people, and through his hour's lecture held with riveted attention the large audience.

Dr. Wm. Seaman Bainbridge, New York, followed Dr. Bryan's charming prelection with an elaborate delineation, illustrated with lantern slides, of his European experiences within recent months where he went as the representative of the Red Cross Society armed with credentials from two governments and clothed with opportunities affording him rare facilities for making observations of many interesting phases of existing conditions in the war-stricken districts of Europe. Dr. Bainbridge is an interesting speaker,

enthused with his subject, and his discourse was enjoyed by all.

Leaving attractive Trinity College and its classic environs, the members of the Tri-State at the midnight hour repaired to the Elk's Club where as guests of the Durham-Orange County Medical Society a delightful Dutch supper was served. The gracious President, Dr. Hodges presiding, brief speeches were made by Governor Bickett, Drs. Joseph A. White, Stuart McGuire, Curran B. Earle, John N. Upshur, Wm. S. Bainbridge, and others.

Later Thursday morning, the clinics at Watts' Hospital were a helpful feature of the session's pleasing experiences.

Thursday was a busy day, and in few medical societies were more high grade truly scientific papers read and discussed than were handled during the day. The President, Dr. J. Allison Hodges, kindly and considerate at all times, was the embodiment of concentrated energy and wisdom in the celerity with which he pressed the large program to a finish and kept things going at a rapid pace during the sessions. As a whole the papers were fully up to the high standard set by the society years ago, and the discussions evinced mastery grasp of the subjects considered.

A little time was occupied with the discussion of the proposed changes in the constitution and by-laws providing for the nomination and election of all officers by the general meeting rather than in executive council as had prevailed for the past eighteen years since the organization of the society. With little manifested opposition the changes were effected without consuming much time, and the election under the new plan resulted as follows:

President—Dr. D. T. Tayloe, Washington, N. C.

Vice-President—Dr. James K. Hall, Richmond, Va.

Vice-President—Dr. Addison G. Brenizer, Charlotte, N. C.

Vice-President—Dr. J. R. Young, Anderson, S. C.

Secretary-Treasurer—Dr. Rolfe E. Hughes, Laurens, S. C.

Executive Council—Dr. E. G. Moore, Elm City, N. C.; Dr. A. L. Gray, Richmond, Va.; Dr. W. W. Fennell, Rock Hill, S. C.

Spartanburg, S. C., was selected to hold the 1918 session.

BOOK NOTICES.

The Highway of Death by Earl Bishop Downer, M. D. American Red-Cross Surgeon to Serbia, 1915; Director of Special Private Mission in Russia; Surgeon to Hospital Militaire, Belgrade, Serbia; Member American Medical Association, Columbus (O.), Academy of Medicine, etc. Copiously Illustrated with Numerous Half-tone Engravings from Original Photographs. Philadelphia, F. A. Davis Company, Publishers. English Depot, Stanley Phillips, London, 1916.

After looking over this book carefully, which contains over 200 pages, I have become very interested in it. The author, Dr. Bishop Downer, is a plausible and interesting writer. Always everything that he says is valuable and beneficial to any man, regardless of how scientific or logical he might have an inclination to be, to read his writings.

Dr. Downer is a scholarly, literary, scientific, professional, gentleman, and I want to recommend to the medical profession of the South Atlantic States to read his writings. He handles his subjects in a liberal, scientific manner. Always open for a scientific, logical discussion.

This volume especially invites this kind of discussion. This is the reason that I have made these statements. You can not appreciate the value of his writings unless you take in consideration the fact that man's things that he says are debatable, and open for discussion. This is one reason why his writings are so interesting and are calculated to develop, and are capable of developing the highest medical sections of the scientific mind.

The book is a nice volume. It contains 209 pages. It is appropriately in every way indexed. Its illustrations are numerous. Many of them are half-toned engravings from original photographs.

Our Little Cossack Cousin in Siberia, One of the Little Cousin Series, by F. A. Pistnikov, Illustrated by Walter S. Rogers. Page Co., Boston, Mass. Uniform in Form and Appearance with the Established Little Cousin Series.

This is a very nice little book. It contains 136 pages, and for any doctor's library would be a very interesting addition, and especially so if he had any children. The price is only sixty cents, and it is well worth it, and I hope some readers of The Journal will order a copy of

it, because it represents everything the publishers claim for it.

The Prevention of Disease, a Popular Treatise on Keeping Well by Kemelm Kinslow, B. A. S., M. D., Attending Physician to Seattle City Hospital and King Co., Hospital, Washington; Formerly Assistant Professor of Comparative Therapeutics at Harvard Medical School. W. B. Saunders and Co., Phila., and London, 1916. Cloth, \$1.75.

Among the numerous books that Saunders and Co., have published for a long time on popular subjects, this is, in all probability one of the most valuable, most interesting that this great publishing house has given. The illustrations in it are very appropriate and very numerous. It contains 348 pages and is beautifully and attractively bound. It makes a fine appearance. Dr. Winslow is so well known all over this country, that it is hardly necessary to say anything of an introductory or complimentary character about his attractive writings. Really the prevention of disease is the most important subject we can deal with, and it is a subject that we should congratulate ourselves, has received so much attention in the past few years and has developed so steadily and so rapidly in ten years. Consequently, this book is timely and adds a great deal to the fine knowledge we already possess on this subject.

It is a cheap book; price only \$1.75. While it is intended to some extent for nurses, to doctors who are interested in broader medical knowledge, it is valuable and they should not be without it in their libraries, for a reference book. The book contains a great deal of knowledge that every class of our people are interested in.

A Manual of Nervous Diseases, by Irving J. Spear, M. D., Professor of Neurology, at the University of Maryland, Baltimore, Md., 660 Pages with 169 Illustrations. W. B. Saunders, Philadelphia and London. Cloth, \$2.75.

The fact that Dr. Spear is the author of this book is a sufficient recommendation for it. His style of writing is not only attractive but is logical. He is a good teacher, and his ability, or knack of conveying an idea, or one of his ideas, to someone else, is very fine. I have heard him lecture and he is very competent. Every sentence in the book exhibits the fact that he is familiar with his subject. One of the most valuable features of the book he has just published on nervous diseases are the illustrations. This is a

manual and not a large book at all. Contains only 660 pages, and he has incorporated some of the most appropriate illustrations in it of any volume of this character that we have had the pleasure of reviewing in many years. For a manual it is appropriate in every way. Price only \$2.75.

The index is very complete indeed. If one has any idea of what they wish to find, they can with this complete index find it in this work. This is characteristic of Saunders and Co. The indexing department of that great publishing house is in the hands of one of the finest experts in the world. This is a wise policy that this great publishing house has incorporated, and to a certain extent has added a great deal to their popularity as publishers.

Clinical and Laboratory Technic, by H. L. McNeil, A. B., M. D., Adjunct Professor of Medicine and Instructor in Physical Diagnosis, University of Texas Medical School, Galveston, Texas. Illustrated. C. V. Mosby Co., St. Louis, 1916.

This small volume containing only 88 pages and has only a few illustrations, but they are thoroughly appropriate, and I wish that everyone who reads this Journal in this section of the United States, would buy this small volume and read it. I feel confident that he would be greatly benefitted by doing so.

The Practical Medicine Series, Comprising Ten Volumes of the Year's Practice in Medicine and Surgery. Under the General Editorial Charge of Chas. L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School.

The Transactions of the Tri-State Medical Association of the Carolinas and Virginia for the Year 1916, Has Just Been Received, February 15th.

The writer has always had a feeling of regret when the transactions of any medical association or society did not come out within a few months after the Association met. This volume, however, is a very creditable one indeed, and this copy of the transactions is nearly as large as any of its predecessors, and contains 354 pages including the index. Its illustrations are not very numerous, but they are appropriate as far as they go.

The writer is in hopes that the volume will be acceptable to the members of the Association.

Practical Uranalyses, by B. G. R. Williams, M. D., Director Washburn Valley Research Laboratory. Author of "Laboratory Methods," etc., Illustrated. C. F. Mosby Co., St. Louis, Missouri, 1916.

I have looked over this book with a great deal of pleasure. For the size of it, I don't know of anything that I have examined for a long time that is superior to it; I advise everyone who is interested in this particular line of thought to buy it. It contains 142 pages and it deals with the subject in hand in a very practical way, and is large enough to deal with this phase of the subject in a thorough and practical manner. It gives me pleasure to recommend it. It has not very many illustrations but those it exhibits, are appropriate and timely. The price is \$1.25.

Volume 9—Skin and Venereal Diseases, Edited by Oliver S. Ormsby, M. D., Professor and Head of the Department of Skin and Venereal Diseases, Rush Medical College, and James Herbert Mitchell, M. D., Hyde Memorial Fund Fellow, Assistant in Cutaneous Pathology, Rush Medical College. Series 1916. The Yearbook Publishers, Chicago, Ill.

It always gives me a great deal of pleasure to review everything that has been written or reviewed by Dr. Mix, Dr. Ormsby or Dr. Mitchell. These three distinguished medical gentlemen have participated in the production of this small volume, and any book, either large or small that possesses merit enough to justify the publishers in handling some of their writings, is sufficient recommendation for the readers of medical and surgical literature.

The paragraph entitled "radio therapy of dermatoses" is of special interest to the reviewer of this book. I wish to advise the readers of this review to give this volume of the series a thorough study and adopt its teachings. The illustration on page 56, Plate II, entitled, "Early Mycosis Fungoids"—Wise and Rosen—is one not only of great interest but of great value. It illustrates a circumstance, or a condition or a disease that we so seldom see, and that every general practitioner ought to become familiar with, and which if he does not, he will some time find himself embarrassed not to be able to account for this form of skin disease. Now please buy this book and read it, because it will be worth a great deal to the energetic and intelligent diagnostitioner.

Surgical Experiences With Encapsulated Empyema and Abscess of the Lung—A Plea for Exploratory Thoractomy. By Astley P. C. Ashhurst, M. D., Philadelphia, Pa.

The author brings convincing evidence to show: 1, 2, 3, 4 as summary, p. 210.

Typical cases, well illustrated, are presented in the International Clinics for December exhibiting the difficulties of recognizing and reaching pus within the pleura even when exploratory puncture is resorted to, while it is made plain how much can usually be obtained by surgical means. Refusal to operate when the needle fails to reveal pus at the time set for operation even though pus was previously found is bad surgery. The surgical technique is carefully described. Local anesthesia is preferred, the intercostal nerves above and below the rib to be resected being blocked with an injection of the anesthetic fluid, novocain or eucain being preferred. For abscess of the lung thoractomy is preferred to the production of a therapeutic pneumothorax by Forlanini's method as the former gives better opportunity for locating and draining the abscess.

Clinical Gynecology, by James C. Wood, A. M., M. D., F. A. C. S., Formerly Professor of Obstetrics and the Diseases of Women and Children in the University of Michigan, Homeopathic Department and of Gynecology in the Cleveland-Pulte Medical College; Founder Member of the International Periodical Congress of Gynecology and Obstetrics; Gynecologist to the Huron Road Hospital; Ex-President of the American Institute of Homeopathy, etc. Boericke & Tafel, Philadelphia, 1917. Price \$2.00

I have looked over this volume and the more time I have given to it, the more I have become interested in it. It contains 236 pages, and is thoroughly and accurately indexed. There is one thing about the volume that the reviewer regrets, and that is that it is not illustrated; at the same time, the text is of a very high order of literary production. The first chapter, for instance, "Dysuria," is one of the best illustrations of a pen picture of cases, aside from some of Dickens's productions that I have ever seen, or had the pleasure of studying.

I do not hesitate at all to recommend this volume to anyone who is interested in gynecology. If you will pardon me, however, I will again reiterate that I regret it is not illustrated.

Post Mortem Methods, by J. Martin Beattie, M. A., M. D., Professor of Bacteriology, University of Liverpool, Formerly Joseph Hunter, Professor of Pathology University of Sheffield. Cambridge, at the University Press, 1915. Price, \$3.25.

This book that contains 231 pages, is a very scientific, small volume, issued from the Cambridge University Press, C. F. Clay, Manager. The manager of the London branch of this publishing house of the Cambridge Press, H. K. Lewis, 136 Gower Street, W. C., is an old personal friend of the reviewer of this volume and the fact that his house has published this volume is sufficient endorsement for it. When Mr. Lewis passes on a scientific volume of medicine and surgery, and when it can be found in his library—and he has a very large one, possibly of over 20,000 volumes—it is a book that a scientific man should feel proud to own, and is a sufficiency guarantee that if he reads it, he will be greatly benefitted by what he gets out of it.

Of course Dr. J. Martin Beattie, who is Professor of Bacteriology in the University of Liverpool, is one of the greatest men in his line and in his class of scientific literature.

It looks to the reviewer that \$3.25 for a book of this size is rather a high price, although I must admit that it is quite embarrassing to me to place a value or price upon a piece of high grade literature that Mr. Clay is so well qualified to produce, and I must further admit that I do not feel capable of making an intelligent criticism of this work, for the reason that it is so scholarly, and so much in advance of my knowledge of the literature it deals with, that I hesitate to place a valuation upon it, although, as I have said, it seems to me an abnormal price.

Nervous Disorders of Men—The Modern Psychological Conception of Their Causes, Effects and Rational Treatment. By Bernard Hollander, M. D., Author of the "Mental Functions of the Brain;" "Mental Symptoms of Brain Disease," "First Signs of Insanity," "Hypnotism and Suggestion." Price \$1.25. E. P. Dutton and Co., New York.

The aim in this book is to show the importance of the Mental factor in the causation and manifestation of nervous disorders, and the necessity of treating patients on psychological lines, by psychological methods adapted to each individual case, in addition to the usual hy-

gienic measures.

The book is written in popular, non-technical language, and should prove of interest and value to both professional and lay readers. It contains much practical advice on such ailments as nervous debility, mental depression, obsessions and morbid fears, sleeplessness, nervous dyspepsia, headache, neuralgia, and the disorders of the "change of life" in man; besides many instructive examples of the application of psychotherapy to the treatment of the drink and drug habits, and other evils due to lack of self-control. Directions are also given for auto-suggestion, and other means of self-help for sufferers from failing memory, lack of will power, deficient concentration, etc., and the problems of life as they affect the nervous organization of men are dealt with in an enlightened and interesting manner.

This is not a large volume, and not an expensive volume. It is interesting from beginning to end. It contains 252 pages nicely and appropriately indexed. It however has no illustrations, and of course there exists very little cause for illustrations in a work of this kind.

The book is thoroughly up-to-date, and every intelligent man—certainly every intelligent physician ought to read it, and make themselves through its pages, familiar with the many peculiarities of a man's nervous system.

It gives me a great deal of pleasure to recommend it.

Miscellaneous.

A Golden Anniversary.

In 1867 Hayden's Viburnum Compound was established and first offered to the medical profession, and while no particular celebration is taking place in view of the fact that this product has been before the doctors of this country for 50 years, nevertheless, it is but an evidence of its therapeutic stability and reliability.

In 50 years many products have come and gone, while H. V. C. enjoys the extending confidence of thousands of discriminating clinicians. The great Sims, the Father of Gynecology, thought so well of Hayden's Viburnum Compound, that he not only prescribed it, but referred to it in his writings.

Its dependability where particularly indicated, such as in Dysmenorrhea, Amenorrhea, Menorrhagia, Rigid Os, and other gynecological and obstetrical condi-

tions, will be found just as satisfactory today, as in the time of Sims.

Modern Treatment of Whooping Cough.

Up to 1916 there was a steady decrease in the number of deaths resulting from measles, scarlet fever and diphtheria notwithstanding the increase in population, while the mortality from whooping cough had increased. This fact is all the more pertinent when we realize in the 17th century Willis, describing "chin cough" as the disease was then called, says that the mortality was gradually increasing due to the fact that the treatment was drifting into the hands of quacks and old women largely because of want of successful treatment by the practicing physician.

Two hundred and thirty-eight years later, in the twentieth century, a remedy for whooping cough appeared in the British Medical Journal over the signature of a physician. He recommended the wearing of garlic cloves in the stockings. The efficacy of the treatment is further impressed upon one by the statement that within a half hour after the garlic has been placed in the stockings, a marked odor of garlic could be detected on the breath.

Sufficient evidence has now been collected to demonstrate the value of the modern treatment of whooping cough by means of inoculations of pertussis vaccine for prophylaxis against and immunization in whooping cough.

With the demonstration of the Bordet-Gengou bacillus as the causative organism in pertussis, attention was immediately directed toward specific medication; and the results of vaccine therapy as reported by the New York Whooping Cough Clinic, under the direction of Drs. Williams and Luttinger, prove conclusively that at last the physician has a rational, effective prophylactic and therapeutic agent at his command.

Eli Lilly & Company recommend as prophylactic doses of its pertussis vaccine: First, 500 million, followed at successive three-day intervals with 1,000 and 2,000 million respectively. When the vaccine is used early for curative purposes and in sufficiently large doses, the paroxysms are diminished in intensity and number, improvement being manifested very rapidly after the first and second doses. The duration of the disease is shortened when vaccines are used and a greater percentage of recoveries without complications are recorded.

It is claimed by Eli Lilly & Company that the use of Lilly Pertussis Bacterial

Vaccine as early as possible in epidemics will prove of great assistance in reducing morbidity and mortality and preventing the spread of the disease.

A convenient vest pocket manual on Biological Therapy will be sent by Eli Lilly & Company to our readers on request.

The assertion has been made that there is a tendency upon the part of the medical profession to indulge in fads. Some have even gone so far as to declare that the therapeutic use of Mineral Oil, will in the end prove to have been a fad, and little more.

Such a statement is however, not well founded upon the facts. Mineral oil of the right sort and when properly used, has made for itself a place in modern therapy. The good results which can be secured from its intelligent use and the entire absence of any harmful possibilities, will justify any physician in his use of Mineral Oil. At the same time, it must be pointed out that for the sake of his patients, that is, in order to assure good results for his own reputation and for his personal satisfaction, the doctor should learn to discriminate very carefully between mineral oils that are good and efficient and those which are more or less of doubtful character. The action of Mineral Oil being mechanical instead of medicinal, it appears from the study of the principles of lubrication that Russian Oil is more homogenous, that it is composed of fractions whose boiling points do not vary over so wide a range as other oils, that the absolutely necessary spreading, mixing and penetrating properties which render Mineral Oil efficient as a mechanical lubricant are developed more perfectly.

Liquid Albolene is refined from genuine Russian Oil. Its makers have been supplying Mineral Oil in the form of Liquid Albolene, Albolene Spray Solution, Solid Albolene, Albolene Cold Cream, etc., for many years, therefore it stands to reason that Liquid Albolene as an intestinal lubricant offers the physician, surgeon and specialist the best form of lubricant. One that has stood the test of time and trial and one that can be relied upon to secure results. The right kind of oil, however, is apt to fail in effect unless it is properly given. Success of Mineral Oil therapy is almost altogether a question of correct dosage. There is no hard and fast rule. The dosage of Mineral Oil, that is to say, of Liquid Albolene, is an individual dosage

which must be ascertained for each individual according to the character of the case and its severity. In other words, Mineral Oil should be prescribed as carefully and watched as closely as quinine, arsenic, or any other drug, not because it can possibly do harm but because accuracy in adaptation to individual means, is the secret of its successful use.

The last ten or fifteen years have produced a wonderful change in the therapeutic armamentarium of physicians, and have increased the confidence with which we approach the treatment of our patients. This does not so much refer to the distrust evinced by many in the merits or power of drugs to modify disease processes—for physicians who use active principles know that they can and do obtain definite results—as rather because we have learned to supplement the drug treatment of disease by biological methods which enables us to make us of the immense and far-reaching *vis medicatrix naturae*; for, in accordance with biologic laws, the introduction of the micro-organism responsible for the certain infectious disease—killed and numbered and put up in suitable form—stimulates the process of immunization by which the human organism resists and overcomes bacterial disease. This class of preparations, which is designated as vaccines or bacterins, has placed the practice of medicine upon a firmer and more satisfactory basis than it has ever before occupied. As for the kind of bacterins to use, we have some time ago noted with much pleasure and satisfaction that The Abbott Laboratories have undertaken the manufacture of this class of remedies, and we know that they are worthy companions to the old established Abbott remedies, being of Abbott quality which means that they are right. There is a full line available for the various infectious diseases.

"Having devoted especial attention to the treatment of chronic diseases, I think I can attribute a large part of what success I have had to the strict attention I have always given to the matter of elimination. A large percentage of such diseases have as a main factor autointoxication and the retention of morbid waste matters nature fails to expel."

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has learned from practical experience to appreciate the therapeutic efficiency of

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FORMULA DR. JOHN P. GRAY

Its prompt effect on the appetite, digestion and nutrition can be confidently relied upon.

If you are not personally familiar with the remarkable tonic properties of "Gray's" write for special six-ounce sample.

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Itching and irritation are relieved at once, and while the activity of the skin is maintained, the dissemination of infectious material is also prevented. So notable are the benefits that result from the use of this non-greasy, water-soluble and delightfully clean product that its use has become a matter of routine in the practise of many physicians.

In addition to being "the perfect lubricant," K-Y has also been found an ideal emollient, and in no way does it demonstrate its great utility more convincingly than in the care of the skin during the exanthematous affections.

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The Making of Ampoules.

An illuminating article on the manufacture of glaseptic ampoules of sterilized solutions, as conducted in the laboratories of Parke, Davis & Co., appears in a recent issue of *Therapeutic Notes*. It is noteworthy because of the emphasis placed upon the careful methods which are essential in the production of both solution and container.

"First of all," says the *Notes*, "the greatest care is taken in the selection of the glass from which the ampoules are made. It is of the first quality, and must be free from alkali in order to obviate any possibility of contamination or chemical action on the solution. This is vital, for it is imperative that the purity and stability of the contents of the ampoule be assured.

"The medicaments used in preparing solutions are treated with the most suitable solvents—e. g., oils, distilled water, or physiologic salt solution—and the solutions are invariably adjusted to a fixed standard of strength; that is, each contains a specific amount of medicament to a given volume, thus insuring accuracy of dose. The solutions are subjected to the process of sterilization, either by heat applied in an autoclave, at intervals, for four or five days, or by passage through a Berkefeld or Pasteur porcelain filter. They are then passed into sterilized bottles, and samples are submitted to the biological department for a series of sterility tests that extend over a period of five days.

"The ampoule containers, cleansed and sterilized, are filled with the sterilized and tested solutions by machinery. The neck of each ampoule is hemetically sealed in a gas flame, and ampoules and contents are again subjected to the sterilization process, this time by the careful application of heat, care being taken to adjust the temperature of the apparatus to such a degree that the medicament will not suffer injury. The hermetically sealed container effectually protects the solution from bacterial contamination and oxidation, while the actinic effect of light is prevented by enclosure of each ampoule in an impervious cardboard carton."

As indicative of the trend in hypodermatic medication it may be noted that more than sixty sterilized solutions are now supplied by Parke, Davis & Co. in glaseptic ampoules. Convenience, asepsis, stability, accuracy of dose—solutions in ampoules appeal to modern practitioners on these grounds.

Father's Liability for Operation on Partially Emancipated Child.

In an action by a physician and surgeon to recover for a surgical operation and attendance on the seventeen-year-old daughter of the defendant, Cox, it appeared that the latter formerly lived at Chattanooga, but about three years before the occurrence involved he had removed to the adjoining county of Bradley. Two of his daughters remained in Chattanooga to earn their own living. This they continued to do without aid from their father. They were boarding at the Y. W. C. A. building when the younger became ill. The plaintiff was called in by the matron, and, after prescribing for her for a time, decided that an operation was necessary to remove an ovarian tumor. The patient's sister telephoned the father that the doctor advised an operation. The doctor had stated that the operation would be a slight one, and when the father inquired whether an incision would have to be made the daughter replied that it would not, and that the operation would be a slight one. The father replied, "Well, then, if it must be done, it must be done." The daughter responded that her sister would go for the operation the next day. This assent of the father over the telephone was not communicated to the doctor until after the operation. It was held that there was only a partial emancipation of the sick daughter, and a promise on the part of the father to pay for the operation was implied by law. "Emancipation" of a child is the relinquishment by a parent of control or authority over the child, conferring on the latter the right to his or her own earnings and terminating the parent's legal duty to support. It may be express, as by voluntary agreement of parent and child, or implied from such acts and conduct as import consent, and it may be conditional or absolute, complete or partial.—*Wallace v. Cox*, Tennessee Supreme Court.

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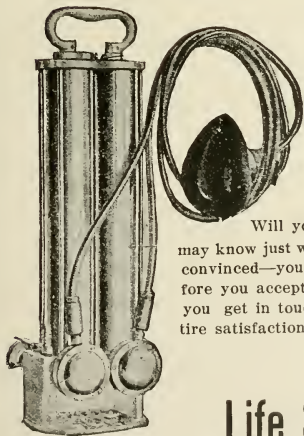


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What precautions have you or your hospital taken to restore respiration quickly, safely and surely? You can't afford to dispense with anesthesia because of the dangers that attend its use—of course not.

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The Modern Treatment of Wounds

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Burnham's Antiseptic Powder

This carefully balanced combination of **alkaline antiseptics** has been devised and prepared with the object of placing in the hands of medical men a practical and effective means of applying the **latest ideas of wound treatment**.

In extemporaneous solution, this new **Antiseptic Powder** promptly dissolves and removes thickened and dried exudates and mucus, destroys bacteria, relieves pain and soreness, and promotes rapid healing. It has proven invaluable wherever **antiseptic treatment** is indicated.

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This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Sanmetto is a mild, non-irritating diuretic, which allays urinary irritation and increases urinary secretion. It is thought of in prostatitis, pyelitis, purulent or catarrhal cystitis, irritable condition of the bladder, gonorrhea, enuresis in children, and in fevers where a mild diuretic is desirable to increase the secretion of urine.

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The value of cod liver oil as a means of guarding against bronchial and pulmonary infections by raising the index of resistance of the concerned tissues, is well appreciated by the profession, and many physicians advise the systematic use of Cord. Ext. Ol. Morrhuac Comp. (Hagee) for this purpose. It would appear that cod liver oil has a definite predilection for the tissues of the lungs and bronchi and adds materially to their powers of resistance against germ invasion. That this increase of resisting power means a diminution of susceptibility to colds and their consequences is very evident, and points plainly to the need for a cod liver oil preparation, such as Cord. Ext. Ol. Morrhuac Comp. (Hagee) in those persons with the slightest susceptibility to bronchial and pulmonary infections. The superior feature of Cord. Ext. Ol. Morrhuac Comp. (Hagee) is its palatability which in no wise impairs its therapeutic efficacy.

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NO TWO AGREE

on its etiology; but, that a pregnancy toxemia is an **ACID TOXICOSIS** is a conceded obstetric fact. Slightly alkaline urine, saliva and sweat, from conception to confinement seems to provide an impregnable **FIRST LINE OF DEFENSE**,

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Six quarts, the formula, Indicators and Literature at your command.

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19 BUSH TERMINAL

BROOKLYN, N. Y.

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Stasis of the bowel contents, favors blood pollution, which in turn poisons body cells.

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Delegates to the American Medical Association—Dr. J. W. Long, of Greensboro; Dr. W. L. Dunn, of Asheboro. Alternates—Dr. D. T. Tayloe, of Washington; Dr. D. A. Staunton, of High Point. Delegates to the Virginia Medical Society—Dr. J. W. McGehee, of Reidsville; Dr. C. S. Lawrence, of Winston-Salem; Dr. L. J. Picot, of Littleton. Delegates to the South Carolina Medical Society—Dr. A. B. Croom, of Maxton; Dr. M. H. Biggs, of Rutherfordton.

The next annual meeting of the North Carolina Medical Society will be held in Asheville, N. C., on the third Tuesday of next April.

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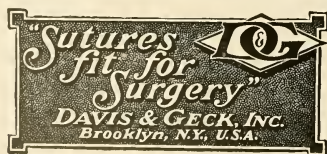
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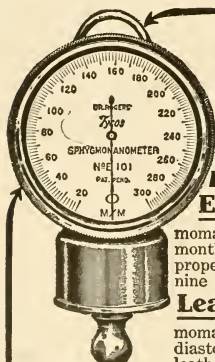
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ALCOHOLISM AND PERSONALITY

By Jas. K. Hall, M. D., Westbrook Sanatorium, Richmond, Va.

I realize quite keenly that in speaking of alcoholism I am dealing with a condition almost as old as recorded human history. The so-called alcoholic problem is hoary with age. Noah had scarcely disembarked from the ark and become a husbandman before he yielded to the seductive influence of the grape, and, as a result of over-indulgence, he placed upon one of his sons a curse that is probably symbolic of the hereditary curse of the substance even in these modern days. When David schemed to transfer to his royal palace the wife of one of his subjects he initiated his treacherous plot against Uriah by making him drunk. And when the Great Apostle lay in a Roman prison awaiting the day of his execution, troubled and weighed down by the sins and the wickedness of the world, even in these last moments of his life it came to his mind to caution his beloved young friend Timothy against all but the most careful use of wine. So drunkenness has probably cursed mankind since the earliest days of the human race. Its damaging effects have long been known.

The ancient conception of alcoholism embraced the feeling, however, that drunkenness implied some peculiar kind of immorality or degradation without much regard to the damage wrought through the physical domain. This ancient attitude persists among many people to this present day.

The scientific objection to the use of alcohol rests, however, on no such immaterial basis, but it is founded upon facts which have been established both by clinical observation and by experimentation. There is, to be sure, much difference of opinion among observers and investigators about the quality and the quantity of damage done by alcohol to any particular organ. Cirrhosis of the liver, for instance, has never been experimentally produced by the long-continued use of the substance; the kidneys in many drinkers stand up year after year without showing damage; arteriosclerosis is probably no more common than amongst teetotalers; and the digestive power of the steady drinker or of the periodic spreer is not infrequently the envy of his more ascetic neighbor. Although the in-

jury done to the human mechanism may not show itself anatomically by present day methods of investigation, yet we know alcohol to be a dehydrating and an oxidizing poison, and it must do organic damage. And even though organic damage may not be found post-mortem, experimenters tell us that evidence of injury is always found during life in reduction of muscular co-ordination and in lessening of mental efficiency. Judgment is impaired, accuracy is lessened, and fatigue is hastened. The origin of this lessening of efficiency is probably in disturbance of function of the central nervous apparatus, even though anatomic basis may not be found post-mortem. The statement of the Scotchman that alcohol preserves what is put into it and tends to destroy what it is put in is true.

This modern objection to the use of alcohol is economic and sociologic; the ancient was apparently religious and moral. The first is based upon physiologic ground; the latter, upon religious feeling. From the modern scientific viewpoint, alcoholism is seen as a wrong to the body; from the moralist's viewpoint, as a tarnishing of the soul. Perhaps both views are right.

If the conception of the condition has been wrong, the treatment of alcoholism has been and it still is largely criminal. The intoxicated man of means and of friends is carried to his home or to a hospital to receive medical treatment; the drunken poor man or negro is dragged before a court to receive a sentence to jail or to the chaingang. In the one case the condition is medical; in the other, criminal. Why? Inebriety implies temporary mental abnormality, and extreme departure from the mental normal carries with it the idea of irresponsibility, and the irresponsible is potentially dangerous, either to himself, or to his environment, or to both.

The drunkard's condition calls, therefore, for protection and restraint. But it should not call for punishment. The situation demands the physician or the nurse, but the penologist, as we know him in this country, makes bad matters worse. The best method too frequently fails in reforming certain alcoholics, but punitive measures practically never succeed. "The report of the Board of Prison Commissioners for the State of Massachusetts, for the year 1908, shows that

during the twelve month period, 20,779 persons were committed to the penal institution of the State for the simple offense of drunkenness, and of this number 13,548 had been committed from two to over fifty times previously." These figures are rather conclusive proof of the futility of attempting to deal with the situation penologically.

It ought to be interesting and profitable as well to examine into the cause of the unsatisfactoriness of dealing with so serious a problem by these old orthodox methods. Why are these results so disappointing? If I may be pardoned for speaking dogmatically (in order to speak briefly), I would answer by saying that the problem is tackled in the wrong way. Only the symptom of an underlying condition is treated, or rather, dealt with, and symptomatic treatment, we know, is not to be depended upon.

Alcoholism is a symptom. Of what? some one may ask. Of an unstable nervous mechanism. White, of Washington, thinks of it often as the expression of a neurosis, and Williams, of the same city, regards it as improper psychic reaction. Those who are engaged in working with the mentally abnormal frequently encounter alcoholism as an early manifestation of an incipient psychosis. Dementia praecox, in the early stages, often shows itself by over-indulgence in alcohol; the paretic, even the man who may have been abstemious, often surprises his friends by beginning to drink in middle life. Most of the periodic drinkers, however, in my experience, are of that unstable nervous make-up which affords the basis of the manic-depressive psychosis. In this type of individual, as you know, there are alternating periods of depression and exaltation followed or interrupted by an interim in which the individual is apparently altogether normal. Excessive drinking may occur in either phase of the disorder; either during the period of elation, when the bonds of restraint are loosened, or during the depressive phase, when any stimulant may be taken in an effort to lift one's self out of the slough of despond. Not infrequently, in treating a so-called alcoholic, I find that when the acute effects of the alcohol have been removed there is uncovered an underlying mental abnormality which had been obscured by alcoholism and made unrecognizable by it, yet it is this very underlying condition which serves as the basis of the alcoholic excess, and it is this condition which calls for recognition and for treatment. The alcoholism is only an early and a temporary manifestation. If then the basis of many cases of alcohol-

ism be frank and outspoken mental disorder, why cannot more obscure mental and nervous instability explain other cases of inebriety? There is no doubt of the soundness of this latter assumption. All of you know men who occasionally become restless, sleepless, irritable and uncomfortable in a vague sort of way as a prologue to an alcoholic debauch. You are acquainted, too, with the other type of individual who withdraws himself from the world of his fellowman in a fit of dejection in order that he may draw an opaque alcoholic curtain for a certain period of time between himself and his real or supposed troubles. These two types represent in unrecognized form the manic-depressive psychosis in embryo. In many other alcoholics the indulgence is a reaction against a feeling of physiologic discomfort that cannot be defined more definitely than the sensation of hunger or pain can be defined, yet the discomfort is no less real. The goal sought by the alcoholic is comfort. In one individual mild elation suffices; in another, nothing short of absolute coma satisfies. We are slowly coming to the conclusion, therefore, that the alcoholic, whether he be a persistent drinker or an occasional spreer, is not quite a normal man. Neff is justified in his assertion that "addiction to alcohol is a symptom of an unstable nervous system, and the contrary view expressed by the laity is not justified by clinical experience or observation."

But what will it profit, many will be asking, to place this substance of desire out of reach on the top shelf? How is this abnormal personality that we have been talking about to be changed by the removal of the habitat of the Demon out of South Carolina, North Carolina and Virginia to Washington and to Baltimore? Are all these alcoholic cravings in us to cease? Scarcely. But appetite does lessen in the persistent absence of food. And we should understand that neither the abnormal personality nor the alcohol is so bad as the admixture of the two. The combination is destructive.

I am in favor of prohibition. It will not immediately work the wonders which many of its advocates expect, and it will never cause the damage to the State that its opponents fear. It is but another manifestation of the spirit of preventive medicine, and, in consequence of this fact, time will be required for its influence to show itself. Do we realize that in this country the per capita consumption of alcoholic beverages is above twenty gallons annually? In 1914 the per capita consumption of spirits was 22.50 gallons; in 1915, it dropped to 19.80 gallons. The

consumption of spirits in the United States for the last six months of 1916, however, was in excess of the consumption for the last six months of 1915. But we are living in luxurious times, and men are financially more able to drink than ever before. The figures and the explanation are quoted from a recent personal communication from the Commissioner of Internal Revenue. The confirmed drinker in mid-life or beyond will be little affected by it. Most of these habits are joined to their wine firmly, even as Ephraim was to idols. In the generations that are to come, the beneficent effects of the law will be seen. The nervous may be nervous still, and the mentally unstable will be unstable still, but the instability and the abnormality will not be accentuated by added alcoholism. Many defectives will be saved from helplessness, and many sound youths, perhaps, will be prevented from acquiring the drinking habit in the club and in the saloon.

More potent for good, however, than all prohibition measures is the changing and the changed attitude of our profession towards the use of whiskey as a therapeutic measure. We now know that alcohol is not a true stimulant, and that, as a consequence, it creates neither muscular force nor intellectual vigor. It is this new knowledge, filtering from the medical profession through the public to the lawmakers, which is attempting to write the epitaph of alcohol across the stretches of the world.

If coming generations are taught aright about alcohol, it can never again assert its political dominance. But the time in which to break the habit is before the habit is formed. I am quoting Aristotle, through Osler: "In the case of our habits we are only masters of the beginning; their growth by gradual stages being imperceptible, like the growth of disease." And what could be more applicable to bad habit-formation than the observation of Montaigne, who looked upon mankind ever with a deep-seeing and yet kindly eye: "I finde that our greatest vices make their first habit in us, from out infancy, and that our chiefe government and education, lieth in our nurse's hands. * * * In youth they bud, and afterward grow to strength, and come to perfection by meanes of custome."

A SEASONABLE DISSERTATION ON FAT.*

By George M. Niles, M. D., Atlanta, Ga.

The role of fat in the human organism may be considered as material, esthetic and psychic. The first may be physiologic, pathologic, or economic in its aspect; the second may mark the difference between the rounded anatomical contour, displaying at its best the human form divine, the beauteous Venus, the plump Cupid, and the haggard ugliness shown in emaciation, or in the stage of the "shrunk shank" and "the lean and slipped pantaloon."

The psychic manifests its influence over the temperament and disposition from earliest infancy throughout life, and I shall endeavor to prove that in this particular the role of fat has not received sufficient consideration.

Protein, that prolific source of animal energy and vigor, needs no advocate to plead its rights, for by its very nature the **protein content** will always command a liberal share of attention. Fat, however, is often unappreciated, often misunderstood, and more often unjustly blamed for sins or delinquencies of other food products, so that a general survey of this subject, possibly more discursive than scientific, commended itself to me as being of probable interest.

From fifteen to twenty per cent. of each healthy body is composed of fat, though only about one-fourth of an ounce is contained in the blood. The amount of fat within normal limits varies widely, being often influenced by heredity, age, and personal habit more than the quantity of food taken. Where there is a tendency to take on fat, it readily accumulates by either a slight increase of the daily diet or decrease of regular exercise.

The storage of fat is also favored by sleep, as it has been shown that, during periods of somnolent inactivity, fatty deposits more readily find snug and convenient resting places.

The chief source of fat in the human body are the starches and sugars, though certain fats are directly utilized. Emulsified fat is split to a considerable extent by the stomach steapsin, an enzyme which acts efficiently only when concentrated. It might be well to mention that pepsin has not been shown to possess any fat-splitting action at all.

As the fat is carried past the pyloric outlet, it is immediately acted on by the

*Read at Fulton County Medical Society, February 1, 1917.

pancreatic juice, and, until recently, it was generally assumed that it was partly broken down by the pancreatic secretion into fatty acids and glycerine, that the former united with the alkalies of the intestines to form soaps, and that the soaps brought about an emulsification of the fat. On account of its alkalies bile was said to play an important part. Unlike other nutritive substances, fat would then pass from the intestinal canal into the mucous membrane, not in solution, but as an emulsion.

To make a long story short, however, the weight of present opinion would lead us to believe that fats are completely decomposed in the intestine, and that the fatty acids formed are absorbed either as soaps, or in a solution brought about by the bile.

As a source of energy for the development of heat, fat may be described as quickly available, but not so lasting. Experiments of both Rubner and Atwater have demonstrated that foodstuffs generate the same quantity of heat when burned within the body as when burned outside the body, and that, while one gram of protein or one gram of carbohydrate will each generate approximately four calories, one gram of fat is good for over nine calories. The conclusion, therefore, is obvious that, by its concentrated fuel power, fat preserves other tissues, especially the albuminous, from destruction by oxidation, and is valuable as a reserve force, instantly available when any vital emergency requiring it arises.

Another material function of fat is that of "protein sparer," for, though its tissue-building properties are limited and incidental, by its presence the protein is permitted to better perform its manifold tasks.

We might with propriety, in this connection, liken fat to the housewife, who, though not apparently earning anything, by her care and industry conserves the fruits of her husband's labor, enabling him to not only support the domestic establishment, but to also lay aside a surplus. Should an emergency arise, whereby the head of the house becomes incapacitated, this housewife could at once become an active earning factor, augmenting the depleted income, and possibly averting serious disaster.

As a storage of energy, ready to be drawn on as needed, fat is of great importance. In starvation about ninety per cent. of the body fat is consumed before death, so we can easily see how a generous physiologic supply laid up for a time of stress will aid in a battle against

wasting disease or defective assimilation. Fat also, though generally burned rapidly, can be used very slowly where there is little muscular activity, as shown by animals in hibernation.

The last material use of fat is to serve as a covering and protection to the body against both injury and cold—in other words to cushion the frame. Fat babies can bear without hurt falls that would seriously injure thin ones; fat people can stand with impunity many hard knocks that would completely demoralize attenuated individuals; while a good blanket of subcutaneous adipose tissue will answer every purpose that could be expected of woolen underwear or heavy clothing.

From an esthetic standpoint the physiologic and orderly distribution of fat about in the connective tissue marks the contrast between physical beauty and gaunt ugliness. Painters, novelists, and dramatists have been quick to note the difference, and in their delineations of physical charm, emaciation never finds a place. On the contrary the villain as most often described is a cadaverous-looking wretch, with peaked nose, lantern jaws, and skinny limbs. Should, by any chance, fat be present, it is pictured in pathologic and disgusting quantities.

As a few well-known illustrations I might contrast the "fair round belly with fat capon lined" and the "lean and hungry Cassius;" the winsome Juliette and the Witch of Endor; fair Jessica and the hook-nosed Shylock; the round-checked Don Juan and the lean-visaged cut-throat pirate, so graphically portrayed by Lord Byron—in fact history, literature, and art are full of such antitheses, demonstrating that in the entire animal kingdom there can be no comeliness in the absence of fat.

That fat will accumulate in unused portions of the body, while it disappears in regions of local activity, has been utilized by directors of physical culture, as well as "beauty doctors," the world over. Various forms of exercise, both systematic and scientific, have been devised, besides numerous appliances, all of them aiming to increase or decrease fatty deposits in different parts of the human anatomy.

By exercise alone forms of obesity may be corrected, while abdomens of aldermanic proportions can readily be abated. There are also ingenious methods by which too prominent angles, as well as unsightly hollows may be cushioned or filled with fat, so that, to the earnest seeker of physical attractiveness, in the

absence of serious wasting disease, there is nearly always "balm in Gilead."

In considering the psychic role of fat, we should specially bear in mind its reserve function in relation to active vital processes. In the proper conduct of the human mechanism there is just the right amount of labor for each organ to perform, but generous Nature allows sufficient latitude within physiologic limits to meet ordinary emergencies. Extraordinary conditions, unless fortified against, may result disastrously, and a liberal deposition of fat is one of Nature's wise precautions.

Hunger is the expression, not only of the state of the stomach, but of the ultimate cells of the body, and neither comfort nor happiness can exist where hunger is present.

It has been commonly known from the earliest antiquity that fat people were more contented, more optimistic, than lean ones, and that their viewpoint of life in general was largely governed by this prosaic attribute.

Now I might compare the supply of fat to an ample bank account of a busy and provident man. That he possesses this surplus does not prevent him from diligently following his usual avocation, but the knowledge of its presence, and that it can be instantly obtained, lends a mental satisfaction that would be absent were he living right up to his daily income.

I believe, therefore, that my reasoning is correct when I assert that a physiologic reserve of fat, by its very presence, exerts a quieting and reassuring influence on the vital forces most concerned in constructive metabolism; and, if I may adapt a Scriptural quotation, this reserve, in language intelligible to those forces, says: "Thou hast much goods laid up for many years; take thine ease, eat, drink and be merry."

On the other hand, when the department of constructive housekeeping in the body is furnished barely enough to ward off retrograde metamorphosis; when obscure nooks and recesses have to be frequently ransacked for their scanty stores of fat, in order to keep up normal oxidation; when nutrition is at par only a part of the time, while the protein content has to work overtime in order to manufacture sufficient energy and heat—then is felt the vibrations of a tiny voice of unrest and bodily discontent, which sooner or later react on the disposition, developing into that pessimism and temperamental dissatisfaction so often present in lean people.

The limits of this paper will not permit a discussion of the dietetics of fat, a comparison of its vegetable and animal forms, or its adaptability to different conditions, as age, occupation, or environment.

Let this be considered rather a deserved tribute to that food element, which, lacking the strenuous qualities of protein, the versatility of the carbohydrates, or the leavening functions of the inorganic salts, fulfills a manifold mission of its own, lending to the body warmth and security; to the mind peace and good cheer.

SOME GENERAL REMARKS ON THE TONSILS.

By J. Warren White, A. B., M. D., Ophthalmologist, Otolologist and Laryngologist to St. Vincent's Hospital, Norfolk, Va.

I am taking up a subject more or less familiar to all of us, and one that has been quite frequently discussed of late, as the profession has come to realize the relation the tonsils bear to the general system.

The literature is not satisfactory on account of the great differences of opinion in regard to the subject.

There are three tonsils, viz.: the faucial, pharyngeal, and lingual. The pharyngeal and lingual tonsils are composed of lymphoid tissue that is histologically the same as the faucial tonsil. They are subject to the same infectious processes as the faucial tonsil. The adenoids hypertrophy and give the various complications we are all familiar with. The lingual tonsil quite frequently enlarges, and if it comes in contact with the surrounding tissues we get symptoms of irritation, cough, etc.

Anatomically we have not been able to demonstrate any afferent lymphatics leading to the faucial tonsil. The efferent lymphatics of the tonsil enter the superior constrictor muscle of the pharynx and terminate in the tonsillar gland. This gland is one of the superior crevical glands that is quite constant and is situated along the anterior border of the sterno-mastoid just below the angle of the jaw. It shows up quite prominently when enlarged.

What are the functions of the tonsil? This question has been discussed so frequently and yet we have arrived at nothing definite. I will not attempt in a short paper to discuss the variety of functions that have been attributed to the tonsil. Although we have no certain knowledge of any specific function of the tonsil, still we should look upon it as a functioning

organ, and more especially in children I do not think they should be removed without sufficient cause. I do think, however, that when there is an adequate reason for the removal of tonsils, we should not argue against their complete removal on account of the loss of their functioning power. We should consider the tonsil just as any other organ in the body when it becomes pathological, for it can not functionate normally when diseased.

I will not enumerate the list of infectious diseases attributed to the tonsils. Of course we expect to see the over-enthusiastic ones who attribute almost all human ailment to the tonsils, and when a patient has tried almost every treatment for an incurable disease, he is advised to have his tonsils removed. However the profession has come to realize more in recent years the effects on the general system and the great variety of manifestations that a small focus of infection may have. There is no question about the fact that a diseased tonsil can give rise to numerous general symptoms in the adult as well as in the child. For this reason when we are not certain of the etiology in these obscure conditions, an examination should always be made of the adenoids and tonsils. Recently an investigation was made with the idea of examining tonsils bacteriologically in cases of chronic cervical adenitis where no source of infection could be demonstrated. The tonsils were found to be infected in more than eighty per cent. of these cases. As other organisms than tubercle bacilli were found in these cases, it was suggested that a great many cases of so-called chronic tubercular glands were really chronic septic glands. These organisms were found in the deepest part of the tonsils, so a complete enucleation would be the operation indicated.

When to remove tonsils is the question we are asked, and of course there are cases when there is no question about their removal, still there are other cases when it is impossible to tell by any examination whether they are diseased or not, and we will have to decide whether or not the symptoms in the particular case could be attributed to the tonsils. Often, however, when the tonsils are undoubtedly the source of infection, they show nothing on clinical examination that would suggest it. Because a tonsil is enlarged is no reason at all that it should be removed unless it interferes with breathing or acts as a mechanical obstruction. An enlarged tonsil may be perfectly healthy, and on the other hand a very small tonsil may be very much diseased. Also a tonsil may be perfectly normal in

size and appearance, and still be very much diseased; so it is a question of a great deal of judgment when to remove tonsils.

Operators differ in their technique of removal of tonsils, but the method that removes the tonsil in capsule with a minimum amount of traumatism to the pillars is the ideal operation. I think Dr. Coffin puts it well when he compares the removal of a tonsil to a tangerine with its peel. The outside skin of the tangerine is easily removed without the fibrous covering just over the pulpy part, which is connected with the interfibrillar tissue of the fruit. The fibrous covering is the capsule, and not the outer rind. So it is with the tonsil.

There are a great variety of complications that may occur at the time of and subsequent to the adenoid and tonsil operation. I will only mention a few of them.

Hemorrhage is a complication which we all have to contend with at various times, and in some cases we have to resort to various measures to control it. Quite frequently the patient swallows his own blood, and we may have a dangerous hemorrhage without any external signs. Nurses should be instructed to watch out for this condition. Hemophilia should always be ruled out as far as possible by history, but if there is any doubt the coagulation time of the blood should be taken.

I will mention two cases though rare that came under my observation. The first case was a girl, 14 years old and in good condition physically. Her adenoids and tonsils were removed under ether anesthesia. On coming from under the anesthetic the nurse noticed that there was a complete hemiplegia. She was kept in the hospital for several weeks, and there was noticed a gradual improvement each day, and on leaving the hospital she had almost entirely recovered.

The second case was that of a physician of 35 years, who gave a history of repeated attacks of tonsilitis, and his tonsils were removed under ether anesthesia. On the second day after operation he began to run a temperature of 100 to 101. He did not look sick, but his temperature kept up, and a blood culture was taken which gave a pure culture of streptococcus. He died in one week from the time of operation.

Six cases of pulmonary abscess following tonsil operations were admitted to Mt. Sinai Hospital during the last six months, is the report in the American Journal of Surgery. The most important cause is aspiration, which may act locally as an

irritant or foreign body, and secondly by infection of the invaded area in the lung.

Acute suppuration of the middle ear is a complication that we have following the adenoid and tonsil operation.

Occasionally after a tonsillectomy the lymphatic nodules on the pharyngeal walls become acutely inflamed, so we may be disappointed at times in not giving our patient relief from repeated attacks of sore throat, although we have completely removed the tonsil.

FURTHER OBSERVATIONS ON THE TREATMENT OF CANCER OF THE CERVIX BY THE PERCY CAUTERY*

By E. C. S. Taliaferro, M.D., Gynecologist to St. Vincent's Hospital, Norfolk, Va.

I am bringing this subject before this Association again, for since my last paper in 1915, I have had the opportunity to see and observe quite a number of cases of this condition, both in my private work and in consultation. While we may not have had a sufficient number to draw any marked definite conclusions, yet, in all of these cases, there has been a very marked improvement in the condition of the patients. My cases, considered along with those of other men using the Percy cautery, lead me to believe that Dr. Percy has given us a most excellent remedy for cancer of the cervix.

I believe that when this method is adopted by all men doing gynecological work there will be a vast deal less suffering than at the present time.

I will grant that it is not always easy, and that at times it is most difficult, to make an early diagnosis in beginning or border line cases.

Kamperman, in his study of two hundred and twelve cases of cancer of the uterus—with special reference to early diagnosis—has reached the following conclusions:

"Cancer holds fifth place as the cause of death, the death rate from cancer having increased fifteen per cent. while the death rate from tuberculosis has decreased.

"Among gynecological patients one in every twenty-five has cancer of the uterus.

"Five-sixths of uterine cancer is primary in the cervix, one-sixth in the body.

"The age limit is from 28 to 75 years, the average being 48 years.

"Carcinoma of the cervix is more fre-

quent from 35 to 45 years of age, carcinoma of the body from 45 to 65 years.

"Carcinoma of the body develops over a longer range of years than carcinoma of the cervix.

"Patients with carcinoma of the cervix give history of child-bearing in ninety-two per cent. of all cases, with cancer of the body in seventy-two per cent. of all cases.

"Though there is more carcinoma in parous women, yet, carcinoma of the uterus may develop in nulliparae.

"Heredity has very little part in the development of uterine cancer.

"Carcinoma of the uterus can be cured by operation in early cases.

"The early diagnosis of carcinoma of the uterus depends on giving close attention to the earliest symptoms. An increase in the bleeding in a woman approaching the menopause demands a careful examination, including microscopic examination of tissue from the cervix and body.

"The first symptoms in seventy-three per cent. of cases is an increased menstrual or intermenstrual discharge of blood.

"Pain, and watery, foul discharge are symptoms occurring at a later stage of the disease.

"This form of cancer occurs in many healthy-looking women. Cachexia occurs only in advanced stages."

Dr. Percy, who, in 1912, described his method of treating cancer of the cervix with the cautery, has done more for the relief of this condition than any man so far known.

He has demonstrated that the cancer cells are killed at a temperature of 113 degrees to 131 degrees—while the health tissue is not affected. At this temperature the heat will penetrate quite a distance.

Percy has worked out a beautiful technical plan. His method of protecting the vaginal wall with the water cooled speculum, controlling the degree of heat by the hand in the abdomen as well as the electric cautery, making this technique extremely simple.

I have followed this technique as closely as possible and the results have been gratifying.

I believe that every case of cancer of the cervix should be first treated with the Percy cautery. It is surprising to see a large carcinoma with pelvic infiltration disappear after the use of the cautery. Frequently, cases which seem unoperable soon become operable under this treatment. It is interesting to note that in sixteen cases of carcinoma of the cervix

*Read before the Seaboard Medical Association, assembled at Washington, N. C., December, 1916.

that were treated by the Percy cautery at the Mayo Clinic that, later on, when a hysterectomy was done, only three of them showed cancer cells. This goes to show what a powerful effect a low degree of heat has on cancer cells.

I have treated quite a number with a large cauliflower mass, terrible pains and extremely foul cancerous discharge with the uterus fixed firmly in the pelvis. These cases looked almost hopeless but, by the Percy technique, it was most gratifying to see a wonderful change brought about in a few weeks. During this time, the pain and discharge were stopped and the uterus became movable. The patient, likewise, picked up a great many pounds in weight.

Even if the Percy cautery was used in no other class of cases, it would be a god-send to these terribly afflicted. In cases not so far advanced, I believe it is wise to first use the cautery and alter on, in about four weeks, to do a hysterectomy. This may not be necessary in all cases, but I believe that when an organ is once cancerous it should, if possible, be removed; as the same influences which first brought about the cancerous condition may again become active.

Some advocate the use of large doses of X-ray delivered through the coolidge tube. With this, I am sorry to say, I have had no experience, but, from reports, it works well in many instances.

The technique which I follow is that of Dr. Percy. Dr. Percy in a paper read before the Clinical Congress of Surgeons in Boston, in October, 1915, and published in "Surgery, Gynecology and Obstetrics" in January of this year, has this to say:

"Open the abdomen. Only by doing this can uterine cancer be safely and most effectively treated by the application of heat.

"Use a low degree of heat. If a cauterizing temperature is used in the heating iron, a carbon core is formed in the cancerous mass. This inhibits the dissemination of heat.

"Pass the heating head through the uterocervical junction to the fundus of the uterus. Keep it in one position until the whole mass contiguous to the heating iron is made so hot that it cannot be held longer in the surgeon's hand when encased in a medium rubber glove.

"Apply the heat until all the structures that were fixed at the beginning of the application are freely movable. To do less than this must, of necessity, defeat the object of the treatment, i. e., the complete penetration of all the cancer-infected area possible. Can this be done in every case? No! Can it be done in the major-

ity of cases? Yes!"

In cases far advanced I believe it wise to first use the cautery without opening the abdomen, and at a later sitting open the abdomen and do a complete Percy. For these cases are usually greatly debilitated and weakened from loss of blood and to do a prolonged operation at this time in my judgment is not wise. I have treated two cases with a large cauliflower mass by this method, with very satisfactory results.

I believe that this should be especially done in old women who are bad surgical risks.

As previously stated, I think that in the judicious use of the Percy cautery we can cure carcinoma of the cervix when not far advanced; and that it is a truly wonderful agent in the relieving of distress in those unfortunate cases who, through their own neglect or somebody else's judgment, have gone beyond surgical aid.

POLIOMYELITIS.

By L. T. Royster, M. D., Norfolk, Va.

Poliomyelitis is endemic in almost every country of the globe. Sporadic cases occur every now and then, to which practically no attention is paid, since they do not spread. Even no quarantine is generally maintained on these cases. Every once in a while, however, in some large center of population, it assumes an epidemic type and very large numbers of children are affected. Such an epidemic has recently occurred in the vicinity of New York City. Occasionally small outbreaks occur in various localities. I have seen as many as five or six cases in this locality at the time in past years, and its frequency here can be judged by the fact that on my case records for the past four or five years there are over two hundred cases which have had polio.

Etiology.

The disease is caused by a filterable virus which has been isolated by Flexner and others. It has been transmitted to monkeys. The virus has been secured from the central nervous system, the nasal discharges and the bowel discharges from affected patients. It has never been cultivated and little is known of its habits or nature.

Mode of Transmission.

I believe that I can safely say that not one single thing is positively known about the mode of transmission of poliomyelitis. A number of deductions have been made and theories advanced, each based on a more or less definite sequence of fact, but not in a single instance has it been proved. Certain facts stand out so prom-

inently, however, that they are worth notice. It is frequent in crowded centers of population, and as its spreads from its original source it spreads in a manner similar to the ripples on a pond when a stone has been thrown into the water; that is, always toward a periphery; following, however, certain radii which are usually highways of travel.

There is serious doubt that an intermediate human host ever transmits the disease, although some weight is lent to this conception by the fact that the virus has been found in the nose of persons not affected, but who have been exposed to the disease, and those who have recovered.

A striking and almost startling fact is that it is exceedingly uncommon to find more than one case in a family, however large that family may be. The only way that we can account for this is the possibility of all the other members being immune. Some observers think that other cases do occur, but that they are of the non-paralytic or abortive type.

The transmission of the disease through the agency of insects or some of the lower animals has been discussed for a long time, and was supposed to have been settled in the negative. The theory still has its advocates and the analogy between the manner of spread of polio and plague is striking enough to merit further investigation of this theory.

Pathology.

There is a general edema of the cord, and a congestion of the brain and membranes. There is a perivascular infiltration of the tissues with large mono-nuclear leukocytes. This infiltration commences first as a single layer of cells and gradually increases concentrically until it is of sufficient amount to cause necrosis of the anterior horns of the cord. The symptomatology depends on the extent of the infection; that is, whether it is merely spinal or encephalic, with the consequent production of cerebral symptoms. The symptomatology, therefore, is not dependent on the involvement of the anterior horn of the cord alone. This cannot be too strongly emphasized, especially in observing epidemics.

Spinal Fluid.

It is very important to take the spinal fluid, not only as an aid in diagnosis from the negative standpoint, but also because it presents a more or less definite picture in this disease. The fluid is usually increased in amount. It is sometimes under pressure, estimated at about one-fourth of the cases. During the first stage; that is, the active febrile stage, lasting about thirty-six hours, we have a polymorpho-

nuclear leukocytosis. During the second stage the picture changes, and the fluid contains about ninety per cent. large mononuclear cells. In a definite number of cases there are a few large cells which may be of endothelial origin which are considered by some to be characteristic. The spinal fluid reduces sugar. The albumin and globulin are present and there is usually a fibrin clot. "The cell count usually becomes normal towards the end of the second week, but the increase in albumin and globulin persists for some days longer." There are variations in this general rule.

Distribution of Paralysis.

The most common distribution of the paralysis is the tibialis anticus, usually with the peroneals. However, this is by no means the only distribution. We may have the rectus abdominus; the quadriceps femoris; the diaphragm; one or more pectorals; one or more deltoids; the interossei of the hands; the sternomastoid and even one or both sides of the face or the external muscles of the eye. So it may be seen that almost any group or single muscle may be involved. Of course, when the bulbar symptoms are apparent nuclear paralysis is the rule, and it is in these cases that we have the terminal involvement in the paralysis of respiration.

Method of Onset of Paralysis.

As a rule in the usual type of cases all of the paralysis that is going to take place occurs at one time, but this is by no means true of the exceptional or irregular case. There may be days of intervention between the involvement of the muscles, and, in fact, there may be a gradual involvement of all of the muscles of the body, extending over four or five days.

Common Clinical Type.

The most common type of poliomyelitis gives a history about as follows:

The onset is with fever ranging from 101 to 103, marked irritability of the patient, pulse and respiration not characteristic of anything. The patient may or may not be sensitive over the affected area. Constipation is the rule, diarrhea the exception. The patella reflex is uniformly absent before the onset of paralysis. This reflex occasionally persists, but never where the quadriceps on that side is paralyzed. Stiffness of the back or neck or sometimes both, are present. (This is the exception rather than the rule). The paralysis occurs in from twenty-four to forty-eight hours, and is flaccid. An occasional spastic case is noted in epidemics. Whether this ever occurs except in those cases giving cerebral symptoms I cannot state.

Abortive Type.

Authorities differ widely as to the occurrence of this type at all, but its existence is now pretty well admitted. These occur in the course of epidemics as a rule, and present either gastric or cerebral symptoms and the usual prodromata of polio. And yet when these symptoms are over no paralysis can be discovered.

It may well be asked how we can say these are abortive cases. The answer is, the spinal fluid shows the characteristics already described. I might cite one case which occurred in my own practice several years ago. The prodromata were present and there was a general muscular weakness and inability to swallow and enunciate well. This case looked like it was about to go to a fatal issue and involve the medulla. Finally the symptoms ceased and the patient recovered, but has never been able to articulate distinctly since.

The Spinal Type.

This type is the most common met with, and gives the name to the disease. The general prodromata have been already described. Looking further into the case we may find that there may be no perceptible prodromata, or there may be a very slight malaise, a trifling indisposition or crossness. The child awakes the next morning and we discover it is paralyzed in one or more groups of muscles. On the other hand, we may have prodromata extending over several days at the onset, the paralysis developing sequentially group by group. All symptoms may pass away and the child be apparently perfectly well, and we think there has simply been a slight indisposition from some unknown cause, and after four or five days or a week we may find that the child is paralyzed.

Cerebral Type.

This type is the one which gives rise to most difficulty in diagnosis. It occurs whenever the involvement is distributed to the membranes of the brain, and may in consequence resemble the meningeal symptoms occurring in the course of any febrile disorder. These manifestations may be so definite that it may be impossible to differentiate the case from some form of meningitis. In this type we are apt to have the usual signs of meningeal irritation; headache, vomiting, fever (usually high, sometimes low) neck rigidity; Brudzinsky, Kernig and Mac-cowen; reflexes usually diminished. Active manifestations may end here or let up, to return again in a few days with renewed vigor. These symptoms may be pronounced or so slight as to escape notice.

When the paralysis is apparent it may be

marked as in former types, or, there may only be a slight facial involvement, or a unilateral ocular or orbital with a strabismus, or perhaps a slight weakness of one of the upper extremities.

A characteristic triad of this type as described by Koplik gives us a strabismus, unilateral facial and one upper extremity (usually deltoid). It is frequently difficult or impossible to distinguish this type from certain cases of tubercular meningitis. In the latter, however, the onset is usually gradual and paralysis is apt to be a terminal manifestation. Sometimes even lumbar puncture fails to aid us here, the changes are so slight. Animal inoculation may help us, but at times, even this fails.

Bulbar Type.

In this type we may have a mild febrile or digestive disturbance. In twenty-four hours we find a slight or decided flatness on one side of the face. This is a common picture, but unfortunately we do not have only this. The first symptoms may be difficulty in swallowing or breathing, or both. Of course, in these cases the nuclei are involved. The patient dies from paralysis of respiration.

Prognosis.

The mortality varies from two to thirty per cent. in various epidemics; the death rate in the recent New York epidemic being twenty-six per cent. Death usually takes place within four or five days, occasionally about the tenth day. Generally speaking, when the patient has survived the tenth day we feel that the recovery is certain.

The prognosis as to the paralysis is variable. A large percentage of cases recover either rapidly or gradually, to an extent which makes their deformity eventually barely perceptible. On the other hand, one has merely to walk through the streets of any community and see the fearful results of this disease.

Where groups of muscles antagonize each other marked deformities occur, due to the non-affected muscles pulling against the weakened muscles.

Treatment.

There is no specific treatment for poliomyelitis. The serum from those who have been affected has been tried with varying results as to success. During the acute stage of the disease absolute rest for from four to six weeks is essential. Muscles which bear the weight of the supported by slings, splints and similar extremities should be immobilized and devices. When one of opposing groups of muscles is affected, causing contractions by the well muscles pulling against the paralyzed ones, it is very necessary to

enforce rest in the anatomical position. For example: in the lower extremities where the peroneals or tibialis anticus are affected the safest form of treatment is plaster cast. This is generally kept on for four weeks, then the anterior or upper part of the cast is cut away and the lower part used as a fracture box would be used. In extreme cases, even after the patient is up and about, it is well to put on the supporting apparatus during sleep.

Gentle massage is considered by some to be beneficial. I doubt its efficacy. And even if it is used it should be used with exceeding gentleness, and then, only by an expert. Otherwise, a more or less disastrous result may be produced. No manipulation or massage should be started during the acute stage, which is considered to last from four to six weeks.

I believe that the weight of authority feels that electricity has no beneficial results. The best way to re-establish function in the affected muscles is by voluntary motion. As soon, therefore, as the acute stage is over and all tenderness disappears, it is well to encourage the patient to use the affected muscles; gently at first, and then more or less freely.

In the majority of instances it is advisable to put on the supporting apparatus early, to prevent counteraction of opposing groups of muscles, thereby preventing deformities. The benefit to be derived from voluntary motion is best illustrated by the accompanying diagram. It will be seen in this diagram that the nerve plexus is formed by several roots emanating from the spinal cord. For example: One, two, three and four unite and form a trunk which eventually breaks up into small filaments as they are distributed to the muscles. The specific infection may only affect a part of the nerve roots supplying the trunk. For example: in the diagram roots number two and three, leaving one and four unaffected. It will be seen by this that at least part of the nerve supply to the muscles is left intact. It is impossible to determine how much of the cord is affected, therefore, we act on the assumption that at least a part is healthy and sends out normal stimuli to the muscles. Therefore, by exercising the muscles voluntarily we may secure a fair degree of motion through the affected nerves, thereby securing a more or less useful limb. This of course, is merely a diagrammatic illustration.



Improvement should continue, when it takes place at all, from one to two and even more years. When deformities have resulted expert orthopedic treatment alone should be relied on.

THE FREEDOM OF THE MEDICAL PRESS.*

By Edward C. Register, M. D., Charlotte, N. C.

Gentlemen:

You will allow me, I am sure, to express my very keen appreciation of the honor you did me in calling me to the presidency of this Association. To preside over the deliberations of a body of men which contains, perhaps, the world's most useful workers. To have, even in this limited way, a voice in the direction of your policies and your ideals, upon which the physical weal of man is so dependent; to follow in the footsteps of that long line of illustrious men whom you have honored with this office in other years, is a privilege which would do honor to any man and a responsibility which would be all but an unbearable burden were I not certain of your kindly advice and sympathetic support in maintaining the high traditions of this office.

The Executive Council is to be congratulated on their selection of this great City for our place of assembly. Here one can so distinctly feel, with Tennyson "The deep pulsations of the world;" here, if I may be allowed so to speak, one is at the central ganglion of the multiform and widely ramifying nerve system of civilization; here one feels the inspiring presence of those captains of industry whose names have taken the places in the

*The President's Annual Address, delivered before the American Medical Editors' Association at the McAlpin Hotel, New York City, October 5, 1916.

industrial annals of mankind; here, one hears the full octave of the music of the world's industrial wheels; here it is the privilege of men of our beloved profession to stand upon the farthest-flung, battle-line of the militant hosts of Medicine and Surgery. Surely it was a happy chance that brings us together in this mighty City. The day is full of sinister omens; violence fills the world; the red glare of a universal conflagration is on the heavens. Yet, in this crash of civilization, we may take comfort from the fact that out of the chaos and frenzied madness of this giant war, the science of Medicine and Surgery is emerging with increased efficiency and with the deathless respect and honor of mankind.

Please suffer one more personal word. The accumulated tasks of a life busy beyond strength have, in part, prevented my regular attendance at your meetings and my personal association with many of you. This, as your good secretary, my friend, knows, has been a keen disappointment to me; but it has been almost impossible for me to leave North Carolina during the month of June. On account of this forced absence, I have not been able to know many of you personally, but I have looked so long upon the work of your hands and read so often with both pleasure and profit, the printed expressions of your mind and your spirit and your courage, that I feel that I have often looked into your faces and into the immortal part of your life. I feel that I know many of your ideas, many of your prejudices, and many of your dislikes, and I almost feel the splendor of your dreams. I have felt the weight of your burdens and responsibilities and have come, through these many years, to have a profound feeling of admiration and confraternity for you, both individually and collectively. I feel that I know you as one knows the soul of Raphael when he looks upon the immortal canvas of one of his masterpieces; I feel that I know you as one knows the heart of India who looks upon the exquisite and almost stupefying beauty of the indescribable Taj Mahal; as one knows the soul of France who stands in the center of the famous Louvre. I know you by the work of your hands, by the brilliant accomplishments of your mind, and knowing you thus, I am proud to be counted one among you.

I have chosen to speak to you gentlemen, upon a most serious theme, quite well realizing that far more than we dream, we are making history in our deliberations. My subject is "The Freedom

of the Medical Press."

This subject may sound somewhat strange. To many of us, the Freedom of the Press is an accomplished fact and we listen to the term as one listens to the battle-cry of some ancient age. It is, therefore, not an easy subject to discuss, for two reasons. First, as I have said, we are very prone to take for granted that the Freedom of the Press is one of the fundamental liberties that were wrought out and won by the heroic endeavors of our fathers, and that it is a fixed and immutable heritage of us, their sons, and as changeless as the process of the stars. The second reason for the difficulty of my theme is that unconsciously, we think of the freedom which is ours, either political, industrial or religious, as a right that can be destroyed only by governmental tyranny, and we console ourselves that the Freedom of the Press has no enemy. But, gentlemen, I remind you of the words of a great patriot, that "Eternal vigilance is the price of liberty." And the Freedom of the Press is an essential part of that larger liberty of mankind which has been the object of the evolution of government and of the people. So important did our fathers consider the Freedom of the Press that many of our states saw fit to write it into their constitutions, and you are quite well aware that it forms a part of the constitutional history of the older nations. We must realize how essential to all liberty is the liberty of the **freedom of expression of ideas**. I know of no greater proof of the worth of the Freedom of the Press than the fact that military despotism even today, must limit that freedom among the warring nations, in order to make military government possible.

But, you will inquire, in what way is the Freedom of the **Medical Press endangered**? Am I not uttering a false alarm? Am I not calling to arms men when no enemy threatens? Let us consider this matter deeply and calmly. In the beginning of the consideration, let me say in all justice to those who differ with us that I do not say that any man, or company of men, is trying to defeat that Freedom of the Press which we so highly esteem. The men and the movements of which I speak would be, perhaps, the first to disclaim any desire or purpose to put upon the Medical Press a censorship which would practically destroy this Freedom. I say this in justice to them. Still, unconsciously those things can be brought to pass which we come too late to see are destructive to the best in our

scientific life. Let me give an illustration: The wind and the rain of ages covers the ancient Roman Forum with a fine coating of debris and dust. To no one generation was this process visible but each generation and each century, added to the layer of dust until in our modern age, Byron stood and looked out upon a wilderness that was once the heart of Rome and saw the top of a single shaft where once stood the pride and the pomp and the beauty of Rome were centered. The Sphinx will again illustrate this process. But these are only two illustrations among many. It is in this gradual, and sometimes unconscious way, that the best possessions of mankind are lost. And, it is my purpose to call your attention to some of those things that seem, slowly and unconsciously to threaten the Freedom of the Medical Press.

In my judgment, the greatest enemy of this Freedom is the attempt on the part of some very good and sincere men in our profession to put the Medical Press officially and irrevocably under the medical organizations—the different state medical societies and to destroy beyond repair the privately owned and edited journal. Let us scrutinize closely this movement. In the first place, on account of the interlocking and ramifying systems of medical associations, the officially owned and edited medical journal becomes a unit, to such an extent that there will be, practically, but one official medical journal in all our profession. Just as the policies of all medical associations are coming more to be controlled and directed by the great parent American Association, so all officially owned medical journals must more and more come under the dominance and powerful influence of the central journal. Surely he is blind who cannot see this evolution. One compact and all-inclusive organ will be as necessary for the official journals as it is for the official associations. And, what will be the result of this? That the entire Medical Press, if the privately owned journal is whipped from the field, will be under the management and direction of what will practically be a central board of censorship. And this is precisely that condition of the Secular or Political Press against which English and American democracy struggled, through long generations. We find a perfect parallel of this development in the industrial world. So powerful and so compact did industrial organizations become that America awakened to find that large communities of workers had been

reduced to a point of industrial serfdom, and that thousands upon thousands of the honest toilers of our land lived and moved at the command of some single great central organization. I would not have you understand that, in my opinion, this movement was without its beneficial aspects. I am trying only to point out that powerful and unified organization tends, at least, to destroy individual freedom both in thought and policy. So much does it tend in this direction that the greatest statesmen of our day have given themselves to the hard task of saving industrial liberty out of the hands of the predatory trusts without destroying the efficiency of commerce. It is precisely this possibility to which I call your attention in the present-day movement among medical associations. Compact and powerful organizations is a thing to be desired, for many reasons, but we need to be eternally on our guard lest we lose more than we gain. Let us be very specific for a moment. Let us suppose that all medical journals are brought under the official control of medical organizations, and that those organizations are more and more closely united and compact. Who will be the dictator of the editorial policies of the Medical Press? It is not difficult to answer this question. There could be found no local association or local journal that would have the power to resist the influence and control of a great central Press without a great deal of timidity or without jeopardizing his relations to the great central medical Press. Even now, our great central Association and our great Medical Association Journal dictates the policies of every state medical journal and possibly two-thirds of the policies of every state medical society. As I have said before, I repeat that we would, practically, have but one **Medical Journal in America**; there would, practically be but one expression of opinion, and that would be the opinion of the few in control of the great central Association and its Journal. For some reasons, this might not be a bad thing. Monarchy has its strong features, but to quote an illustrious statesman, "No man is great or good enough to control the expressions of opinion of a great profession such as ours." To those of you who may be doubtful whether or not we are threatened by any such thing, I would say, examine the condition of the public press in Russia. See how it is controlled by a central board of censors, and you will quite fully realize how little liberty is

possible under such conditions. The Russian Bureauracy is too well known to need description here, and it is almost unnecessary that I should say that in our profession of medical editorship we want no Bureauracy; and our greatest defense against such a calamity is to see clearly just in what direction the present tendencies in medical organizations and in the medical press are tending.

In the system of officially owned and controlled medical journals there is far too fruitful a field for the medical politician. It is a well-known fact that the medical associations, as every other association known to man, is often dominated by a political clique, certainly so far as the distribution of honor and the places of power are concerned. This is always true where individual ambition and success depend so largely upon the publicity that can be obtained through the press. This condition makes it possible that the selection of an editor for such an organ is not always upon the basis of merit. With your permission, I will declare it as my belief that the Freedom of the Medical Press is greatly hampered when an editor must depend for his election, or his re-election, upon a majority vote of the medical association, or when his journal must succeed or fail according to the pleasure or displeasure of the society politician.

In addition to this the control of the medical editor of the official organ involves a too frequent change in editors. Gentlemen, no one knows better than we how long must be the training of the man who becomes an efficient director of a medical publication. Long and weary years in apprenticeship, disappointments, struggles and work, must be the discipline of him who seeks to be an efficient spokesman and publisher in the interest of the world's most vital profession. This training cannot be had, in the nature of things, when the editor must be changed with the changing official life and control of the association. From the standpoint of mere efficiency the selection of an editor must depend upon the merit and not upon those qualities of popularity and good fellowship which so often secure for a man favor and votes. In the years of the centuries that are gone the dependence of a publisher or editor upon some Monarch's whim, or worse still, the whim of some Monarch's favorite, was precisely the condition that made the Freedom of the Press impossible.

Again, an officially owned journal has a life that is not dependent upon the value

of its product. It is officially supported and can exist independent of popular approval or disapproval a condition that has always limited freedom in the exercise of popular judgment and selection. This is precisely why it is possible to charge three or four dollars for a journal worth about eighty cents. And, in reply to this charge that we editors of private journals are selling medical literature that has a commercial taint about it, it is very easy for us to rejoin that their system enables them to sell medical literature that is without commercial value. The official organ can sell its produce by **force of organization**. The independent medical journal must obtain a market by **force of merit, only**.

Referring to the medical association journal, it must be clear to everyone here who is familiar with the question that it is not for the best interest of the medical profession for medical associations and medical journals to be financially and politically too closely related. I have known the whim or capricious desire of one influential man in a medical society to cause good men to lose their official position. This cannot be when a medical journal is independent. The editor can go about his task unafraid of all things save his own inefficiency, and can be true to his own ideals without a continually haunting fear of incurring the displeasure of some powerful clique and losing his position, through the failure to do the bidding of aught save the truth.

I think that no cultured, professional gentleman will question the statement that lack of competition is one of the surest roads to tyranny, and injustice and corruption. One needs but to look upon the industrial world to realize the truth of my statement. Our wisest statesmen continually remind us that competition is in many ways essential to industrial success and freedom. At this point, gentlemen, it behooves us to be most serious and careful. In the plan of the officially owned medical journal there is no place for competition. One state medical journal cannot compete with another, and certainly it would not be wise for them to differ in opinion or policy with the great National Medical Journal. And who will deny that lack of a fair and spirited contest in the field of journalism is just as destructive of freedom as it is in the field of industry or of government or in any other calling we might be interested in.

Again, I call your attention to another serious menace in this system of officially owned medical journals. The Freedom

of any Press depends largely upon the open forum which its columns furnish for the free expression of honest opinion and totally without prejudice. In the system of privately owned and competing journals, there is the broadest possible opening for such an expression of medical opinion, but in a system of centrally owned and controlled journals what will become of this open forum? It will lie in the power of a few men, and often of one man, in all this nation to see who shall gain entrance to the columns of the American Medical Association Journal and what opinions shall be given expressions there. The editor of a state medical society journal also has this power.

There is no appeal in this circumstance. If his paper is refused by his state medical society editor, it must find its way to the waste basket. I need not call your attention to the fact that such a condition would practically make the freedom of medical opinion merely a word having no reality or respectability and each of us would be compelled to sue at the feet of some central board or to some sanctified individual to be allowed to give expression to our medical opinion, or to give publicity to a remedy, an apparatus, a fixture, or a machine which we had found to be of value to mankind.

Let us turn now to consider those elements of the privately owned journals which seem to offer the best guarantee for freedom and efficiency in the medical press. In the first place, its financial and professional success depend wholly upon its ability to meet the need of the profession. Its excellence and its real scientific value to the medical world are its only assets. It has no artificial subscription list. No physician is allowed to purchase it and its management is forced to give an adequate return for its subscription price and to gain subscribers through its ability to serve. To put the matter squarely, it must win its life through service and service not only to the whole profession but to mankind. It cannot, therefore, be unmindful to the voice of the profession, nor can it ignore a democratic expression of opinion. Quite a little bit of our therapeutic knowledge has been derived from quacks and irregulars.

Again, medical journalism may well learn the lessons of the broader journalism of the world of which it is a part. In this broader journalism, it is the free and privately owned periodicals which have come to the place of greatest power. The London Times, the New York Evening Post, The Outlook, and many others,

are an illustration of the excellence of independent journalism. In comparison with these great newspapers where stands your political organ? It is very easy for one to see that the independent secular press is growing in power and prestige and the officially owned organ is becoming less and less in the world of politics.

The privately owned medical journal, is without the power to oppress. By the process of competition, of which I have spoken, the medical public has its remedy. If it should enter into the purpose of the editor of a private medical journal to be dictatorial, unfair, to shut his columns to those in whom he has no personal interest, or to make of his journal a means for the attainment of his own selfish purposes or ambitions, or to lend its powerful influence to those ideas or remedies which are either untrue or fraudulent he would find himself without a constituency and the medical profession turning to some other journal for enlightenment and medical literature. It is this law of competition which forces men in all departments and activities of life to seek to render honest and efficient service, and it is precisely this competition which the official medical journal would not have, and this lack, as I have pointed out, would become a great menace to medical journalism.

Again, if we may be allowed to adopt the standard set by mankind's wisest Spirit and judge the tree by the fruits thereof, I make the unhesitating claim that the wisdom of the system of privately edited journalism is established beyond all question of cavil. He would be a bold man indeed who would dare to give ought but praise to the great journals of Europe and America that through the centuries have won to honorable leadership in the world of the medical press and to places of power and influence in all the journalism of the world. The reading of their names sounds like an Honor Roll: I have in mind the London Lancet, the Edinburgh Medical Journal, the Glasgow Medical Journal, the Dublin Journal of Medical Science, the London Medical Times, the Liverpool Medico-Chirurgical Journal, and in our own country the Medical Record, the New York Medical Journal, the American Journal of the Medical Sciences, and others.

They have not been backed by official organizations. They won their places of distinction by excellence and efficiency, and as long as there is a medical profession so long will honorable mention be given to these Journals and their Editors. Judging then the tree by its

fruit, are we not abundantly justified in claiming for the tree, the privately controlled medical journals, not only strength and golden fruit, but a **green immortality**.

I am well aware that this debate really centers itself in the question of the censorship of advertisements. It is very boldly claimed by those who favor official medical journals that it would thus be possible for the medical profession most easily to censor the advertising columns and to defend the profession and the public from medicines and prescriptions that are novel, untried and dangerous. In point of fact, we all know that this is the storm center of the discussion with reference to the medical press. Now just what is the truth in reference to this question; and in discussing it let us try to rid ourselves, as far as possible, of all pre-judgment, self-interest or desire save for the good of our ancient and honorable work. Let me say that the nation-wide movements for pure advertising that has become such a distinct characteristic of present-day journalism, began in, and was fought most energetically by privately owned, weekly and monthly medical periodicals. I cannot find that a single political, official organ raised its voice in favor of the war against quack advertising and impure foods until the fight had, practically, been won by the independent journals. This fact alone should close the mouth of those who contend that a free, independent journal of any kind is incapable of purifying its advertising columns.

In the second place, the most powerful incentive to the medical journal to defend the public and the profession from unsafe and untried remedies is its dependence upon the **respect** and good-will of the men of the medical profession. It has no other support. It cannot hope to gain subscriptions by mere official standing. It is compelled to appeal to the sane, righteous judgment of the highly trained physicians and surgeons who form its constituency. And I venture to make the statement that there is not a journal represented here so powerful, or so rich that it could continue to exist if it dared to sell its advertising space merely to the highest bidder. If the official organ is censored by the central Council on Pharmacy and Chemistry, the independent journal is censored by the wide medical profession. And, who is the best judge after all, of the therapeutic value of medicine; a board of expert chemists or a trained practicing physician or surgeon; I think there can be but one

answer to this question. The methods of the Council on Pharmacy and Chemistry of the A. M. A. have accomplished a great deal of good, and, no doubt, they will continue to accomplish good. There are many reasons, however, for intelligent physicians, physicians whose integrity is beyond reproach, whose training and judgment are unquestioned, to conclude, after deliberation, experience and investigation, that many proprietary remedies of unquestionable value have been condemned by this Council. We indulge in discussions in every other interest of our life, in every other department of our science, in every other branch of our professional work, and why is it amiss for us to differ with the opinion of the members of this great Council on Pharmacy? Why should not the members of this great Association discuss every phase of our professional work to the end that our society may promote, with utmost fidelity, this vital function. In the matter of advertising the members of this Association follow the practice and high precedence of all the great English and Oriental medical journals. We have tried to imitate their work, their policies and the methods of the administration of their great men.

We have always been and are now, in perfect accord with them in every honest and useful way. And the association of men of such distinguished spirit is, I boldly claim, the best censorship, not only on advertising but on every other policy of our journals that could be obtained. A member of this Association may not be censored by the Council on Pharmacy and Chemistry of the A. M. A. but his work is censored by the great and noble men in whose company he labors and to whose Association he belongs. He would do nothing that would lower the high standard that has been set by the best of English and American journals. And, I for one, am quite convinced that this is the most purifying and restraining process to which editors can be subjected. Just one other word upon this point: I solemnly warn the medical profession against putting into the hands of a few men, however good or however distinguished they may be, the power that must, necessarily, be in the hands of an official Council on Pharmacy and Chemistry. In saying this, I reflect on no person. So far as I know, there is no present isolated or specific cause for complaint. Still, gentlemen, here is a danger we should acknowledge, watch, and be afraid.

Again, I dare to warn the medical pro-

fession against a Bureaucracy that would make possible in the future a condition that might bring shame to our whole profession. There are instances in history that might well cause us to think deeply at this point. Military boards that have had in their hands the passing upon the supplies of ammunition upon which their nation depended have sometimes been known to be untrue to their trust and to be influenced in their purchases and in their selection of munitions of war by motives that did not spring from patriotism. Such is the danger of putting too great power in the hands of too small a committee of men. Again, reasserting that this is in no way understood to be a reflection upon any man or men in the present organization, I call the profession's attention to this element of danger that might arise in the years to come.

If the Freedom of the Press has been a thing of value to the world, if it has been worth the price that mankind has paid, then the Freedom of the Medical Press is, perhaps, the most valuable element in such independence, for precisely the reason that the Medical Press carries more of the real weal or woe of mankind than any other present-day agent in publicity. You will, no doubt, agree with me in expressing the sentiment that the freedom of all other newspapers and periodicals, of every kind and name, could be lost with less evil affect upon mankind than that which would follow the destruction of the Freedom of the Medical Press.

That we may know the value of our freedom, let us think a moment of the vital nature of our work. We form a forum for the open discussion of those questions that vitally affect the physical weal of man, and it is through that discussion that truth is established. The reason for the great value of discussion is not far to seek. The view, the theory, or the investigation of an individual or a minor group of men is liable to many errors, arising from their inability to investigate from every angle all conditions and from every point of view. It is only when the subject is open for discussion through the medical press and the worldwide profession and the powerful and acute criticisms of the learned and scientific men are brought to bear upon it, that truth is finally established. Our Council on Pharmacy and Chemistry is not approachable. They are as secluded as the Pope of Rome. Do you think for a minute that they would discuss their opinions with you? We cannot meet for discussion except rarely and in small

groups in medical associations, but in the medical press a platform is furnished, for the expression of opinions of the universal brotherhood of physicians and surgeons. Too great an emphasis cannot be laid, therefore, upon the value of our great brotherhood of medicine, and of the medical press. To hush its voice or to hamper its freedom would be all but a crime, to all men and to all time.

Again, the medical journal furnishes an instrument for the swift distribution of knowledge, which is essential to the progress of not merely our beloved profession but of the physical welfare of the world. Before the day of medical publications discoveries reached the individual practitioner through a very long and slow channel. He rarely received help that was not given to him by his medical faculty. But the modern medical publication gives wings to truth. In a few short weeks a valuable idea or discovery of a gifted scholar, or an operator in his laboratory, in his hospital, in his operating room, or by the bedside, is laid at the feet of the practitioner far out on the firing line of our profession, and weary thousands are not compelled to wait in suffering and in the shadow of death until a new generation of doctors shall bring them the remedy which the modern scholar and the operator have perfected.

The medical journal also forms a process of what I have termed previously, intellectual confluence. By this term, I mean a bringing together of all the thoughts, of all the ideas, of all the practices, and all the discoveries of all the physicians into a central reservoir of knowledge from which flows back through the Journal to the whole profession that knowledge corrected, validated and certain. We cannot overstress this function of the medical journal. Though it drains into this reservoir the healing waters of medical knowledge from all the world and sends forth those waters circulating even through small and isolated communities to bless mankind.

Let me speak of another of the vital features of our work. There is always a knowledge that has not yet found its way into books. It is that knowledge of today that will be found in the text-books of to-morrow. You will not find the last word of Pragmatism in the written works of the great Professor James, who coined the term. The world of thinking men has made valuable additions to his great philosophy, and those additions will not be published, perhaps, for a generation. You will not find the last word in law in the written text-books of the lawyers, but in today's thinking of the men who

will write the books of tomorrow. It is so in the world of Theology, of Medicine, and it is also true in the world of sciences. Like the moisture in the air that has not yet condensed into the healing rain, so is there knowledge in the air, so to speak, that is not condensed into books. The medical journal is precisely the expression of that knowledge and the reader of its pages will find those things that will fill the text-books of the next few years. We, therefore, in a sense, furnish to the world, the advanced galley sheets of the books that are yet to be published. These first statements, or truths, will become a part of the teaching of our medical colleges in a decade.

We are the prophets of our profession. Pardon an illustration: I stood once in a valley from which the shadow of night had not yet flown. It was morning twilight. Far exalted in the heavens the white brow of Mount Everest had caught the first rays of the rising sun and reflected them through the night in the valley below. So the medical journal catches the first light of a new truth and becomes, in a way, a prophet or a searchlight of the oncoming day.

I need not mention to you the valuable place which we fill in making permanent the records of all medical facts, discussions and discoveries. When we are dust and our work is done, in the dusty files of our journals, mankind will possess for all time the deathless record of the evolution of medical science. What is there written, cannot be lost, but will furnish forevermore the material with which research and medical history can work. This function of the medical journal is a very sacred one. Sometimes we may not quite appreciate its greatness, its value or its advantage. All literature is, in a sense, the preservation of the thoughts of all men for the use of every man. Libraries are the conserved minds of the great poets, painters and prophets of the earth. It is through the process of publication that we are able to think the thoughts of Socrates, paint with Rubens, sing with Wagner, build empires with Richlieu and become Americans with Washington. Such is also the function of our journals, to gather and to preserve for all time the thoughts, discoveries and ideas of the master seers and builders in the medical profession.

Contemplating the greatness of our work and the greater dependence of the world upon the perpetuity and excellence of our contribution to mankind, I say to you that we should pay any price to prevent the hampering or the limitation of

the Freedom of the Medical Press. Lose every other freedom first. And to this contest for freedom we have a right to bring all the enthusiasm and the send of consecration that have characterized the men of other ages who have sought to win the largest liberties for the human race. With this purpose we will work, to this ideal we will hold and those lofty principles we will keep in mind, feeling confident that it is a battle in which we must win at last.

In conclusion, gentlemen, suffer a personal word. I have spoken in deep seriousness. Only after long deliberation and consultation could I gain my own consent to give open expression to my fears. I beg you to believe that in so-doing, I am actuated neither by personal ambition nor the possibility of material reward. With your extreme indulgence I will dare to be personal enough to say that I have reached those years when the work of my hands is established. Changes cannot easily affect that work now. The contest of the future we who are older must leave to younger men. And conscious that I am, in a sense, voicing an official valedictory, speaking not for myself but for the whole brotherhood of physicians and surgeons, not for my good but for the good of all the generations yet unborn, not for my own little life but for the limitless life of mankind, I shall urge you to preserve in its purity the right of open and free expression of medical opinion and hand on to the generations yet to be, the fine and high traditions of our profession, which have been given to us by the fathers.

THE TREATMENT OF CHRONIC SPECIFIC URETHRITIS.*

By S. R. Thompson, M. D., of the Crowell Urological Clinic, Charlotte, N. C.

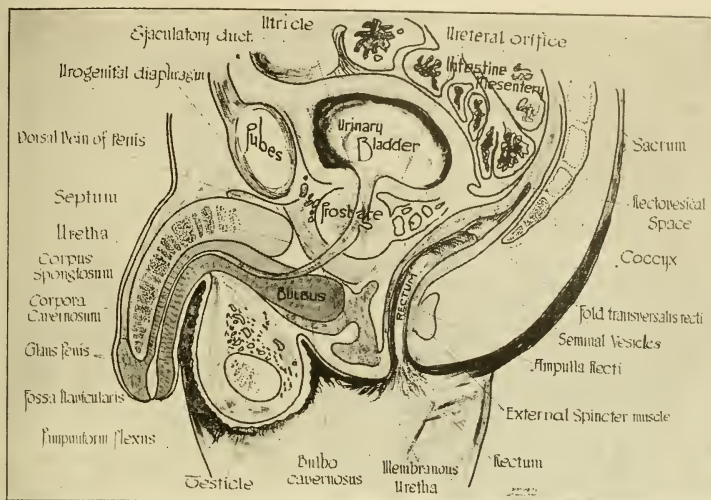
The treatment of chronic specific urethritis necessarily covers a great field in medicine. Nearly every drug or root described in and out of materia medica has been used in the treatment of this disease. From a scientific standpoint the treatment is simple and with few drugs. Therefore, we think it worth while to review the anatomy of the parts liable to the infection. This is very important if we expect a cure by any plan of treatment, since the knowledge of the anatomy is essential in the proper management of gonorrhoeal complications.

As is shown by drawings, this includes

*Read before the Mecklenburg County Medical Society.

the anterior and posterior urethra and surrounding viscera.

the anterior from the posterior urethra. The cut-off muscle is sometimes affected



Anatomy of the urethra: The urethra is a canal open at both ends, whose walls are wrinkled folds and come in close contact, except when distended by the passage of urine or an instrument.

The length of the canal from the meatus to vesical sphincter is about eight inches and is divided into three parts or regions.

- 1st. Anterior urethra six inches.
- 2d. Membranous urethra one inch.
- 3d. Prostatic urethra one inch.

1st. The anterior urethra is surrounded by the erectile tissue of the corpus spongiosum, which terminates in the bulb. At a point corresponding to the bulb in the anterior urethra, and lying between the penoscrotal junction and the anterior layer of the triangular ligament, for a distance of one inch, is the part of the canal termed bulbous urethra.

2d. The Membranous urethra is that portion of the canal lying between the anterior and posterior layers of the triangular ligament. Its mucous membrane is not so richly supplied with mucous glands and follicles as the other portions of the urethra. Therefore, it acts as a barrier against the spread of the infection from anterior to posterior urethra. It is surrounded by bands of involuntary muscular fibers, known as the cut off or compressor urethra muscle. This is normally in a state of tonic contraction, and acts as a valve to separate

by a cramp like contraction and fails to relax, causing retention of urine or rendering it difficult to pass an instrument. This condition is known as spasmodic stricture. Cowpers glands are two small glands located outside the membranous urethra. They are lined with secreting cells and their ducts open into the beginning of the pendulous urethra.

3d. The prostatic urethra perforates the prostate gland. It is very richly supplied with mucous glands and follicles. Upon its floor is a small elevation composed of erectile tissue, which is abundantly supplied with nerves—the verumontanum. At its base, in front, is a small depression, the sinus pocularis or utricle. The ejaculatory ducts empty on either side of the verumontanum, at the anterior margin of the utricle. The prostatic ducts are usually twelve in number, but may be twenty to thirty and open into the prostatic sinus. The ducts from the middle lobe empty into the upper section of the posterior urethra between the verumontanum and bladder, while the ducts from the lateral lobes empty at either side of the verumontanum in a regular linear arrangement.

The urethra is a canal of varying width and distensibility. There are three points of physiological narrowing and widening:

- 1st. Narrowing: (a) external meatus; (b) middle of anterior urethra; (c) membranous urethra.

2d. Widening: (a) fosa navicularis; (b) bulbous urethra; (c) prostatic urethra.

The mucous membrane, which lines the anterior urethra, is composed of epithelial cells of the cylindrical variety and is very delicate and easily lacerated.

The epithelium lining the posterior urethra is of the transitional type. The most superficial layer is composed of several strata of large flattened cells. This same variety of epithelium is found in the bladder, urethra, and pelvis of the kidneys.

The glands of Littre lie beneath the mucous membrane in the corpus spongiosum and are true glands, lined with secreting epithelium and provided with ducts. These ducts empty upon the surface of the urethral mucous membrane. The follicles of Morgagni are simple cripts or depressions of the mucous membrane, and are located upon the roof of the canal.

Prostate gland: The normal prostate gland is the shape of a large chestnut. It is (3-4 c. m.) $1\frac{1}{4}$ - $1\frac{1}{2}$ inches wide, (2.5-3 c. m.) $1\frac{1}{4}$ inches long, and (3 c. m.) $1\frac{1}{4}$ inches thick, situated below the bladder and perforated by the prostatic urethra. The prostate is surrounded by a distinct firm fibrous sheath which is continuous with the rectovesical fascia.

The prostate is essentially a glandular organ, composed of a fibrous connective tissue framework, muscular fibers, and glands. These glands are composed of

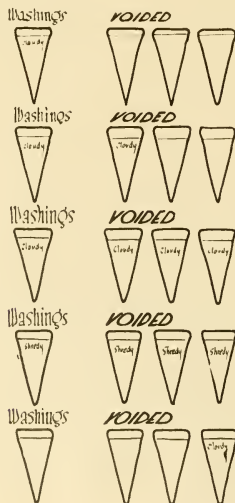
compound branching tubules lined with secreting epithelium and ending in short ducts.

The seminal vesicles are about two inches long and lie on the bladder above the prostate. They diverge on each side toward the ureters, which they overlap. The ureters are between the vesicles and bladder wall. The vasa differentia run along the inner border of the vesicles and join the ducts from the vesicles to form the common ejaculatory ducts just before entering the posterior portion of the prostate. The vas deferens descend to the lower end of the testicle and becoming much convoluted forms the globus minor or tail, thence it ascends, forming the body, and finally at the top, receives the efferent ducts, and forms the globus major or head. When the testicle, as a whole, is enlarged it is due to syphilis or new growth. Inflammations arising from infections involve the vas deferens—epididymis and produce an epididymitis. This is the case in gonorrhoea, tuberculosis, and mumps.

Remembering the anatomical points, we should next determine the location of the lesion or lesions.

1st. Inspect, inguinal glands, spermatic cord, epididymis, testicles, scrotum, prepuce, and discharge, if present, character and amount of discharge, stain and examine for micro-organisms.

2d. Wash out anterior urethra until washings return clear, washings cloudy, means anterior urethritis.



SIMPLE 3 GLASS TEST

Washings cloudy, three glasses clear.

Diagnosis: Anterior urethritis.

Washings cloudy, 1st cloudy, 2nd & 3rd clear.

Diagnosis: Anterior and posterior urethritis.

Washings cloudy, three glasses cloudy, but second less cloudy than 1st & 3rd.

Diagnosis: Anterior and posterior urethritis with regurgitation from posterior urethra into bladder.

Washings, few shreds. Three glasses shre dy.

Diagnosis: Anterior and posterior urethritis, and Prostatitis

Washings clear, 1st and 2nd glasses clear, third, cloudy.

Diagnosis: Seminal vesiculitis.

The urine and prostatic contents should be examined for pus and micro-organisms.

Every case of chronic urethritis should be examined carefully for complications such as stricture, folliculitis, prostatitis, cowperitis, seminal vesiculitis, etc., which have a tendency to prolong the disease.

The dietetic, hygienic and constitutional treatment in chronic gonorrhoea is not so important as in the acute type.

Liberal diet, plenty of water, free evacuation of bowels daily, about covers this field.

Of the drugs claimed to be urinary antiseptic, urotropin, methylene blue, salol, benzoic acid and the benzoates are the most important, but these are of questionable value.

Gonorrhoeal vaccines a few years ago were very popular, but have practically been discarded. We have never had any confidence in any save the autogenous. We can readily see how seldom they could be of advantage, since there are so many strains of these cocci and unless the identical one is used favorable results could not be obtained. Phylacogen is even less scientific than gonorrhoeal bacterine and should be more severely condemned.

The local treatment of chronic urethritis necessarily means the obliteration of the complications perpetuating the inflammation. If the discharge is kept up by a general infiltration of the mucous membrane, its absorption is brought about by the systematic use of sounds and irrigation with potassium permanganate, silver nitrate, bichloride 1:50000, or other germicidal agents.

If due to localized stricture the regular periodical use of sounds, ranging from every other day to once each week, to stimulate absorption of same is absolutely necessary.

The same process of treatment is successful in non-suppurative folliculitis. The use of sounds not only stimulates the absorption of the infiltrated tissue but also a local leucocytosis, which of itself is bactericidal. A few years ago local endoscopic applications in chronic gonorrhoea were popular but have practically been abandoned. The same may be said in regard to the use of electricity for the destruction of strictures and the chronic infiltrated urethra. The high-frequency electrical applications, has suffered this same fate.

The most difficult complications with which we have to deal as a source of chronic urethral infection are prostatitis and seminal vesiculitis. These often try

our patience and tax our skill. In the first place the time required, as a rule, to perfect a cure is so long it is almost impossible to keep the patient under observation until well.

We will not discuss acute suppurative prostatitis since it is a complication accompanying acute urethritis, as a rule, except to say if suppuration occurs it is necessary to open and drain the gland.

Nor shall we discuss gonorrhoeal rheumatism since the local treatment described in this paper is the treatment for it.

The essential treatment of chronic urethritis which is practically always accompanied with prostatitis, is necessarily, massage, dilatation with Kolhman dilator or sounds, every second or third day. The urethra should be irrigated twice daily with permanganate one to four thousand to one to six thousand, silver nitrate one to thirty thousand to one to sixty thousand, or bichloride of mercury one to fifty thousand. This plan of treatment should be kept up until the urine is clear and the massaged contents practically free from pus cells. The extent of the prostatic involvement is usually in proportion to the amount of pus found in the prostatic secretion and is an indicator as to results obtained by treatment.

Should the seminal vesicals be involved, as indicated by blood and pus in fluid obtained from same, as well as dead spermatozoa, the vesicals should be emptied every third to fifth day. Should symptoms fail to subside and the condition not improve under this plan of treatment one of three surgical procedures should be performed. First, the vas-deferens opened and five c. c. of a five per cent. solution of collargol or argyrol injected into the seminal vesicals. Second, seminal vesiculotomy, and third seminal vessectomy. Excellent results have been obtained by the use of these methods during the past few years.

The questions of cure and marriage frequently confront us. Whenever there is pus anywhere in the genital or urinary tract the presence of gonococci may be suspected, and conversely when the whole tract is proved to be free from pus the presence of gonococci may be denied.

We had hoped by a serological test to be able to tell whether or not a patient was infected with gonococci but to our sorrow this test is very unreliable. Some who have never been infected give a strongly positive reaction, and some who clinically are infected give a negative reaction. Therefore, we must depend on the clinical evidence and microscopical examination of urine and secretions for gon-

ococci and pus. It is wise to pass sounds and massage the prostate gland a few times to produce sufficient reaction to cause a specific urethritis if any germs are sealed up in the mucous membrane.

Conclusions:

1st. That the disease is pre-eminently a local infection.

2d. To intelligently attack this infection a specific knowledge of the pathology producing its chronicity is essential.

3d. Its successful treatment is dependent upon our ability to attack the local lesions in such a way as to assist nature in eliminating the infection.

4th. That the use of electricity in any form has not proved successful.

5th. Phylacogen is mentioned only for the purpose of its condemnation and bacterines practically for the same reason except autogenous.

6th. Cures can be determined only by clinical and microscopical tests.

gut; (4) at the same time, there is a **protective** action to any raw or abraded spots.

By doing these things, Interol relieves fecal pressure and gaseous distention, so that the autotoxic as well as nervous symptoms are likely to be reached.

All these it does effectively and harmlessly. Its use does not prevent the adjunctory use of any orthopaedic, surgical or other procedure that may be indicated. On the contrary, Interol itself is more an adjunct to such other measures.

Interol is unquestionably all that it is claimed to be—a valuable “dietetic accessory.” There is no other accessory measure that will better accomplish what Interol does accomplish in cases where it can accomplish it.

Dosage is usually a tablespoonful morning and night on an empty stomach, although this varies with the individual peculiarities.*

SPECIAL NOTICE TO WHOLESALE DRUGGISTS.

Gentlemen:—

Beginning January 1, 1917, the Campho-Phenique Company, by special request, is placing on the market a 25 cent package of Campho-Phenique Powder. A liberal package, put up in neat sifter top can, for physicians, nurses and hospitals. Your valued order invited.

Campho-Phenique Powder, 25 cent size, sifter top can, at \$2.00 per dozen.

Campho-Phenique Powder, 75 cent net 1 oz., sifter top can, at \$6.00 per dozen.

Campho-Phenique Powder, 1 pound can, hospital size, net \$5.50 per dozen.

The small size Campho-Phenique Powder sells to the wholesale drug trade at \$2.00 per dozen, or \$24.00 per gross, less 10 per cent. discount and an extra 5 per cent. discount for cash in 10 days. Quantity orders on all our products \$120.00—freight allowed.

Respectfully yours,
Campho-Phenique Company,
500 North Second St.,
St. Louis, Mo.

Chronic Constipation of Women.

In the treatment of this condition, what the physician may expect Interol to do is the following:

(1) It keeps the feces from becoming dried and hard. That is, it keeps them soft and plastic; (2) and in addition, by lubricating them, it (3) enables them to squeeze or slip through angulations, convolutions and constrictions of a crowded

*Booklet and samples to physicians. Van Horn and Sawtell, 15-17 E. 40th St., New York.

The name “Medical Trocar” applied to Anedemin tablets justly expresses its action—an action wholly due to the well-balanced physiologic activity of its ingredients. It may be well enough in a general way to call Anedemin a medicinal trocar inasmuch as effusions are oftentimes dispelled in 24 to 36 hours and very completely by large dosage but, as a matter of fact, of course its action is much more fundamental than that of a trocar. Anedemin strikes at the root of the trouble and removes the cause of the anasarca, rather than its results. Anedemin tablets are prepared expressly for physicians employment and advertised in strictly ethical way at all times—the manufacturers solicit a thorough test by physicians and will mail gratis liberal samples on request. Address Anedemin Chemical Co., Chattanooga, Tenn., U. S. A. The advertisement of Anedemin tablets appears elsewhere in this issue and more explanatory on subject of dropsies.

“Elixir Saliform Comp., Flexner.” Contains 20 per cent. Alcohol. An efficient remedy for Rheumatism, Gout, Cystitis and Uric Acid Solvent. Prepared for physicians’ prescriptions only. Robinson-Pettet Co., incorporated. (See page iv this issue.)

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR.

CHARLOTTE, N. C.

PROFESSIONAL PROGRESS.

Medical progress, wonderfully like religion, has no middle ground: no place nor time to stand still. If we are not forging to the front, we are, perhaps unconsciously slipping to the rear. We are either positive or negative, active or dormant, for or against.

In reading the A. M. A. Journal of October 28, 1916, page 1328, I find that Drs. W. L. Clark, J. Torrence Rugh and G. G. Davis, all of Philadelphia, advocate the teaching of Electro Therapeutics in our medical schools.

That is, in my judgment, demonstrative of the fact, that at least three members of the A. M. A. are endowed with the unselfish spirit of professional progress.

"Twill single them out, the worthy objects of professional progress, admiration and the targets for the stand-stills to shoot at?

Why should we, the regular profession of medicine, the legal heirs, allow the irregulars, the quacks and pretenders, to steal the choicest fruit, and we, ourselves, subsist, should I say exist, on culls?

Electricity as a therapeutic agent is yet an infant in swaddling clothes. I believe when we understand its application in medicine, we will have in it, the most potent remedy, for some of the eruptive and infective diseases the world has ever known.

I believe in electricity we have a remedy that will rob Arthritis Deformans of its terror: correct deformity and restore function, at least to an appreciable degree (say nothing of Scabbies, Chicken-Pox, Small-Pox, Measles, Erysipelas, Eczema, and Lupus), (Rheumatism, Pleurisy, Lagrippe and Pneumonia). They can't stand intense light. I am not dreaming nor am I wholly theorizing. Theory, to an extent, at least, is past, I am speaking from my personal experience on more than a hundred cases, some of them of thirty years standing, with the Electric Light Bath.

DIABETES MELLETES IN CHILDREN.

My reason for speaking upon this subject before this Society is that the comparative infrequency of this disease among children, is apt to cause it to be

over-looked. In fact I am afraid we are not as careful to make a routine practice of examining the urine in disorders of childhood as we should be. As a rule we are led to suspect the kidneys by the appearance of tonsillitis or diphtheria or some acute eruptive disease such as scarlet fever. In which cases we may expect to find more or less kidney inflammation.

So rare is true diabetes in children that we are apt to overlook it when it is present. Of 1360 cases of diabetes collected by "Parvey," only eight were under ten years of age. Again in a series of 700 cases collected by "Prout," only one case was under ten years of age. And of 380 collected by "Myers," only one was under ten years of age. The causes as in adults are not known, but heredity is most important. Inherited gout, insanity and nervous diseases are considered factors. The symptoms are so well known in general, that I will only speak of the four most important:

1st, Thirst;

2d, Polyuria;

3rd, Craving for sweet (not so pronounced in children as in adults);

4th, Loss of weight. In children this is especially an important symptom; they see into literally melt away. So rapid is the emaciation prognosis is almost always fatal.

It is well recognized that the Jewish race is most susceptible, and among other classes the Negro is perhaps the least susceptible.

The case I have to report, was a negro girl five years old. Called to see her November 9, 1916. Father and mother and five older children living and well. Patient had never been sick before. First noticeable symptom began three days before I was called, when the child came to town with her parents on a very cold day, and was not feeling well. Complained of pain in back and limbs. They noticed that she wanted water often, and urinated freely. After reaching home she grew worse. They gave a calomel purge, which acted well. The child weakened rapidly and took her bed. On Sunday night, or the third day following, I found her in a state of "Semi Coma," could only be roused to answer with difficulty, breath offensive and tongue coated. Deep, slow, stertorous breathing. Temperature subnormal, pulse rapid and feeble. On physical examination I was surprised to find such an emaciated little body, as also were her parents, who said that she had been eating well up until that day. I was at a loss to know what could cause such emaciation with a his-

tory like hers. Tuberculosis could be excluded as she had had no cold or cough or any lung symptoms. I made a bedside diagnosis of Nephritis based upon the beginning Coma. I asked for a specimen of urine to be sent to my office the following morning. Results of analysis: Sp. Gr. 1024. Considerable amount of albumin present, both with heat and nitric acid test. This was as I expected, and was still satisfied with the diagnosis. After testing for sugar with "Fehling's Solution," I was forced to look upon the case in a different light. There was a very heavy reaction and precipitation of sugar. I then knew that the primary trouble was Diabetic Melletis, with a late secondary Nephritis. The child never responded to treatment and died two days after my visit, or the fifth day after her illness was recognized.

SUCCESS DEPENDS ON BOTH.

The system of medicine is a science; but unless we can make a differential diagnosis we will fail in applying an intelligent and appropriate treatment. We owe it to the sick, as well as to ourselves, to investigate every case carefully and thoroughly, in order that we may apply a specific line of treatment. It is too often the case that there are those in the profession who are merely symptom doctors. The nature and cause of a specific disease must be arrived at as speedily as possible; and unless it is arrived at, any remedies exhibited may be ineffectual; and what is more, precious time is lost, and the safety of the sick sacrificed also. It is absolutely inexcusable that any one should be so careless, and even heedless, as to neglect every means known to art, to make a successful and sure differentiation.

VACANCIES IN THE GOVERNMENT SERVICE.

According to recent statements given out from Washington there exists more than 500 vacancies in the regular medical service of the Army and Navy of the United States. It has often been a matter of surprise to the writer that so few young physicians apply for these positions presenting as the medical service of the Army and Navy does a comfortable living from the very day of commissioning besides travel and social opportunities ordinarily attractive to young men in general.

In some quarters it has been suggested that the entrance examinations are more than ordinarily rigid, but an inspection of a series of interrogations used at a recent examination for appli-

cants for the army medical service affords evidence rather to the contrary. Certainly the general run of the examinations submitted to prospective surgeons of the service are not more searching than those of the more rigid state medical examining boards, and not in excess of what ought to be required.

Not only does the government provide a moderately sufficient salary for its physicians, but the increasing pay and allowances in advancing years are in striking contrast to the experiences of the average physician in private practice who oftentimes all too soon in midlife sees his patrons leaving him for a younger man.

Again every medical man entering the government service who manifests desire and capacity for original investigation work is as a rule, afforded opportunities for study and research, and particularly of recent years have we witnessed some of the most striking advances of modern medical science evolved from the labor of federal doctors in this and in foreign countries.

That the lack of apparent appreciation of the opportunities of the government medical service can be due to a decaying patriotism is not for a single moment admissible, for within the last year or two the Washington authorities invited many hundreds of leading surgeons and physicians to accept commissions in the Medical Reserve Corps of the Army and Navy with the result that the large majority of the medical men so invited accepted such commissions thereby obligating their service in case of need. In addition large numbers of doctors from every section of the nation voluntarily made applications for commissions in the Reserve Corps until the list numbered in excess of 7,000.

Apparently the conclusion is inevitable that the medical profession in common with the people of the nation in general, have not had their attention much concerned either with the defense necessities of the country or the admirable opportunities manifestly existing in Army and Navy medical service. With the awakening going on throughout our great nation, there will naturally be a corresponding appreciation on the part of medical men of the advantages, the opportunities, as well as the duty of seeing that a sufficient number of the profession unite with the regular army and navy forces to remove from us the possible stigma of not performing our part in time of peace as all know the members of the medical profession do in stress of war.

EDITORIAL NEWS ITEMS

Dr. John E. S. Davidson wishes to announce to the profession that in the future his work will be confined to Dermatology and Syphilology. Office, McKinnon Building Charlotte, N. C.

On competitive examinations ten fourth-year medical students in the University of Virginia have just been awarded high-grade hospital appointments in Boston, New York and Philadelphia hospitals.

Orangeburg County, S. C., is spending a budget of \$6,000.00 in 1917 for public health work under the direction of Dr. Vance B. Brabham, succeeding Dr. F. M. Routh, who goes to Greenwood County to initiate a similar work.

Dr. J. W. Team, Ridgeway, S. C., died after an illness of five weeks at his home February 24, 1917, at the age of 45. His education was obtained at the Medical College of South Carolina and the University of Maryland.

Dr. L. L. Putney, Prince Edward County, Va., has been elected assistant physician of the Virginia State Insane Hospital at Staunton, Va. Dr. H. Gardner Middickauff resigned to accept service on the general staff of the C. & O. Hospital, at Huntington, West Virginia.

Four cases of leprosy are reported existent in South Carolina. Public health authorities contemplate placing them in charge of the United States authorities at an early date, when the new United States Hospital for Lepers is completed on the Pacific coast.

Dr. E. T. Barrentine, Society Hill, S. C., died of pneumonia after a weeks illness at his home February 27, 1917, aged 46. A graduate of the Louisville Medical College, member of the South Carolina State and A. M. A. Associations, a man of character and professional ability. His aged father and mother, a wife and two children survive him.

The South Carolina State Board of Health have employed Mrs. Annie L. Rembert, Columbia, S. C., at a salary of \$1,000 per annum and traveling expenses, as special agent of the State Tuberculosis Sanitarium. The recent Legislative session appropriated \$40,000 for additional buildings at the Sanitarium, and \$34,000

for the general work of the State Board of Health.

Dr. Thos. B. Duckett, Fountain Inn, S. C., died five days after an apoplectic stroke on February 21, 1917, aged 55. Dr. Duckett was an alumnus of the Atlanta Medical College, a deacon in the Baptist Church, twice married, affiliated with many local organizations, a busy, active physician of the sympathetic type that humanity loves and misses in their passing. He is survived by four children and three brothers, each of the latter being practicing physicians.

The Conference of the International Health Board held in New Orleans on March 16 and 17, 1917, was attended by more than seventy-five representative public health workers of the South. Dr. W. S. Rankin, Raleigh, N. C., presided over the sessions, and Dr. Olin West, Nashville, Tenn., was secretary. Two busy days were spent in conference, a number of suggestive papers were presented and the discussions were enlivening to a marked degree.

Men of Medicine Meet in Sumter—The Seventh District Medical Association of South Carolina met in Sumter March 24th, with good attendance and a very interesting session was held. Several very instructive papers were read and discussed exhaustively by those present. Before adjournment it was decided to accept the invitation of Dr. Eaddy to hold the next meeting in Kingstree. Dr. William Weston of Columbia was elected President of the district association, Dr. Richard B. Furman was chosen Vice President, and Dr. Walter Cheyne of Sumter, Secretary.

Charlotte Doctors Prepare to Aid Government—The Mecklenburg County Medical Society held a called meeting on Tuesday evening, April 3rd, to receive applicants for membership in the Medical Officers' Reserve Corps.

The proposition and details of the formation of this corps was laid before the society by Doctors Nesbit, Pressley and Gibbon, members of the State Committee of the Medical Officers Reserve Corps. Practically everyone at the meeting volunteered for membership, except several over 55 years of age.

Medical men who have had the pleasure of a personal acquaintance with the accomplished physician and cultured genial Southern gentleman, Dr. Cary T.

Grayson, U. S. N., note with much satisfaction his confirmation by the extra session of the United States Senate to the high rank of Rear Admiral United States Navy. While of course Dr. Grayson's remarkably rapid promotion was in measure due to his being the President's personal medical attendant, the honors were most worthily bestowed and President Wilson is to be congratulated in improving the afforded opportunity to suitably reward a capable and efficient physician.

To examine candidates for the Medical Officers Reserve Corps in Virginia, a board has been appointed of which Dr. Stuart McGuire is chairman; among the members are Dr. R. C. Bryan and Dr. Carrington Williams. Officers of the medical reserve will be commissioned in the army and subject to call in time of emergency. A member of the reserve may be commissioned with rank as high as major depending upon his showing upon examination, and his record in private practice. The enrollment of physicians has already begun in Richmond, and the number of volunteers is expected to be nearly one hundred.

Dr. E. C. Levy who has achieved a national reputation as Richmond's most efficient health officer has advised the city council that unless ample funds are supplied for the placing and maintaining of the health department on a proper basis that he will resign. At present the chief city of Virginia pays thirty-four cents per capita for public health, while the increase of \$20,000.00 in the budget for health the coming year asked by Dr. Levy will only result in a percapita tax of one-half a dollar. Dr. Levy will get the increase, and the already admirable public health work of this attractive Southern city will continue to advance.

The Third District Medical Society of North Carolina held an instructive session in Wilmington, N. C., January 3, 1917, under the presidency of Dr. Thos. M. Green, Wilmington, N. C. and Dr. J. Buren Sedbury, Wilmington, N. C., Secretary. Dr. E. J. Wood presented "The Newest Conceptions of Heart Disease"; Dr. Chas. P. Bolles, "Pituitary Extract in Obstetrics"; Dr. L. D. Bryan, "Report of a Case"; Dr. Jos. W. Hooper, "Retroperitoneal Hernia—Report of Cases"; Dr. A. H. Harris, "Three Cured Cases of Tetanus"; which papers of more than usual excellence, supplemented with a series of moving picture films, gave a program of much interest. Officers elect-

ed are: President, Dr. T. V. Moore, Acme, N. C.; Vice-President, Dr. G. H. Croom, Wilmington, N. C.; Secretary, Dr. J. Buren Sedbury, Wilmington, N. C.

Plans for Organization of Committee of American Physicians for Medical Preparedness Are Nation-Wide.—The organization consists of a national committee, composed of six ex-officio members, 30 members who were appointed by joint action of the presidents of the American Medical Association, the Congress of American Physicians and Surgeons, and a number of associate members of the National Committee representing important subjects closely allied to medicine.

The following is the special committee of South Carolina, which met in Columbia March 26th: Dr. Robt. S. Cathart, of Charleston, chairman; Dr. Chas. L. Kollock of Charleston; Dr. LeGande Query of Columbia; Dr. Lane Mullaly of Charleston; Dr. W. W. Fennell of Rock Hill; Dr. C. B. L. Earl of Greenville, President of the South Carolina Medical Association; Dr. E. A. Hines of Seneca, Secretary of the South Carolina Medical Association.

Through the co-operation of the Federal Government and a joint committee representing the five great national associations, the American Medical Association, the Congress of American Physicians and Surgeons, the Clinical Congress of Surgeons of North America, and the American College of Surgeons, the Committee on American Physicians for Medical Preparedness has carefully formulated plans for the purpose of utilizing the vast medical resources in accord with the comprehensive plans for national defense which are now carried out in all lines of endeavor.

PROGRAM MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA—SIXTY-FOURTH ANNUAL MEETING.

OFFICERS 1916-1917

Dr. Chas. O'H. Laughinghouse, President, Greenville.

Dr. D. J. Hill, First Vice-President, Lexington.

Dr. J. L. Spruill, Second Vice-President, Columbia.

Dr. J. H. Shuford, Third Vice-President, Hickory.

Dr. Benj. K. Hays, Secretary, Oxford.

Dr. W. M. Jones, Treasurer, Greensboro.

Chairmen of Sections.

Practice of Medicine—Dr. Edward C. Register, Charlotte.

Surgery—Dr. Albert D. Parrott, Kinston.

Public Health and Education—Dr. D. C. Absher, Henderson.

Pediatrics—Dr. S. Fred Pfohl, Winston-Salem.

Obstetrics—Dr. M. T. Frizzelle, Ayden.

Materia Medica and Therapeutics—Dr. T. C. Johnson, Lumberton.

Anatomy—Dr. R. N. Duffy, New Bern.

Pathology and Bacteriology—Dr. A. S. Pendleton, Raleigh.

Physiology and Chemistry—Dr. R. F. Yarbrough, Louisville.

Gynecology—Dr. N. D. Bitting, Durham.

Eye, Ear, Nose and Throat—Dr. E. R. Russell, Asheville.

FIRST DAY, TUESDAY, APRIL 17, 10.00 A. M.
Battery Park Hotel.

1. Call to Order—Dr. Joseph B. Greene, Chairman Committee of Arrangements, Asheville.
2. Invocation—Rev. Willis G. Clark.
3. Address of Welcome—Dr. Hiden Ramsey, Commissioner of Public Safety.
4. Response—Dr. L. J. Picot, Littleton.
5. President's Annual Address—Dr. Chas. O'H. Laughinghouse, Greenville.
6. Report of Committee on Arrangements.
7. Report of Special Committees.
8. Announcements.

TUESDAY MORNING

Auditorium A

Section on Practice of Medicine.

Dr. E. C. Register, Chairman, Charlotte.

1. "The Vaccine Treatment in Typhoid Fever"—Dr. E. C. Register, Charlotte.
2. "Diseases of the Conus Terminalis and the Cord Compression Syndrome"—Dr. R. F. Leinbach, Charlotte. (To be discussed with next paper).
3. "Sensory Factors Other Than Brain in the Interpretation of Disease"—Dr. Tom A. Williams, Washington, D. C. Discussion opened by Dr. John McCampbell.
4. "Chronic Nephritis, or Bright's Disease"—Dr. H. Bascom Weaver, Asheville. Discussion opened by Dr. T. W. Davis and Dr. W. F. Cole.
5. "The Position of Focal Infection in Medicine"—Dr. Edward J. Wood, Wilmington.
6. Symposium—
- (a) "The Pathology of Syphilis"—Dr. John E. S. Davidson, Charlotte.
- (b) "Syphilis of the Central Nervous System"—Dr. J. P. Munroe, Charlotte.
- (c) "Lues of the Stomach"—(Lantern Slides) Dr. W. O. Nisbet, Charlotte, N. C.
- (d) "Paresis"—Dr. John Q. Myers, Tranquil Park Sanitarium, Charlotte.
- (e) "The Presenting Symptoms in 300 Consecutive Cases of Syphilis"—Robt. H. Lafferty, M.D., and S. R. Thompson, Charlotte.
7. "Some Phases of Poliomyelitis"—Robt. A. Moore, M.D., Charlotte.
8. "The Status of Morphinism, Past and Present"—Dr. S. M. Crowell, Charlotte.
9. "Our Duty to Our Country in War and Peace"—Dr. C. M. Van Pool, Salisbury.
10. "The Influence of the Upper Air-Tract on Respiration"—Dr. M. M. Saliba, Wilson.
11. "Some Suggestions in the Administration of Anesthetics"—Dr. J. C. Montgomery, Charlotte.
12. "Strongyloides Intestinalis"—H. F. Long, M.D., Longs Sanatorium, Statesville.

TUESDAY MORNING

(Immediately after Announcements)

Auditorium B

Section on Surgery.

Dr. Albert D. Parrott, Chairman, Kinston.

1. "Focal Infections"—Dr. Albert D. Parrott, Kinston.
2. "Pre and Post Operative Care of Prostatectomies With Report of 55 Consecutive Cases"—Dr. A. J. Crowell, Charlotte. Discussion opened by Dr. H. H. Bass and Dr. L. S. Booker.

3. "A Report of Surgical Work Done in North Carolina During the Years 1915 and 1916"—Dr. J. F. Highsmith, Fayetteville. Discussion opened by Dr. J. E. Stokes and Dr. W. H. Furman.

4. "The Value of Roentgen-ray Therapy with Special Reference to Post Operative Roentgen Treatment of Carcinoma of the Breast"—Dr. J. W. Squires, Charlotte. Discussion opened by Dr. W. D. James and Dr. J. B. Riddle.

5. "Goiter — Illustrative Cases — Lantern Slides"—Dr. Addison Brenizer, Charlotte. Discussion opened by Dr. T. M. West and Dr. W. L. Grimes.

6. "Treatment of Suppurative Appendicitis"—Dr. Eugene B. Glenn, Asheville. Discussion opened by Dr. A. deT. Valk and Dr. J. H. Saunders.

7. "Purgation Means Perforation"—Dr. T. E. Wilkerson, Raleigh. Discussion opened by Dr. James W. Davis and Dr. J. N. Hill.

TUESDAY EVENING, 8.00 O'CLOCK.

1. "Early History of the Medical Society of the State of North Carolina"—Illustrated Lecture—Dr. John W. Long, Greensboro.
2. Discussion of Certain Border Line Problems.
 - (a) Cholecystectomy vs. Cholecystostomy.
 - (b) Treatment of Gastric and Duodenal Ulcer.
 - (c) Relationship of Thyroid to Exophthalmic Goiter—Dr. George W. Crile, Cleveland, Ohio.

WEDNESDAY MORNING, APRIL 18,

9.30 O'CLOCK.

Auditorium A

Section on Public Health and Education.

Dr. D. C. Absher, Chairman, Henderson.

1. "Rural Sanitation"—Dr. E. B. Washburn, Wilson. Discussion opened by Dr. P. R. Hardee and Dr. J. C. Braswell.
2. "The Fight Against Tuberculosis with the County as the Unit"—Dr. L. B. McBrayer, Sanatorium. Discussion opened by Dr. E. F. Strickland and Dr. S. H. Cannady.
3. "Giving the Average Man a Chance to Live"—Hon. H. A. Dennis, Associate Editor Henderson Daily Dispatch, Henderson.
4. "Is Public Health Work in Conflict with the Business Interest of the Medical Professional?"—Dr. W. S. Rankin, Raleigh. Discussion opened by Dr. T. L. Booth and F. C. Hyatt.
5. "The Control of the Preventable Diseases of Children"—Dr. C. Wiggins, Winston-Salem. Discussion opened by Dr. Lewis Webb Hill.
6. "Health Insurance"—Dr. Joseph B. Greene, Asheville.

COINJOINT SESSION

WEDNESDAY, APRIL 18, 12 O'CLOCK

Auditorium A

Members State Board of Health.

- Dr. J. Howell Way, President, Waynesville.
Richard H. Lewis, M.D., LL.D., Raleigh.
J. C. Ludlow, C. E., Winston-Salem.
Dr. W. O. Spencer, Winston-Salem.
Dr. Thomas E. Anderson, Statesville.
Dr. Chas. O'H. Laughinghouse, Greenville.
Dr. Edward J. Wood, Wilmington.
Dr. F. R. Harris, Henderson.
Dr. Cyrus Thompson, Jacksonville.

Executive Staff State Board of Health.

- Dr. W. S. Rankin, Secretary and Treasurer.
Dr. C. A. Shore, Director State Laboratory Hygiene.

Warren H. Booker, C. E., Chief of Bureau Engineering and Education.
 Dr. J. R. Gordon, Chief of Bureau Vital Statistics.
 Dr. L. B. McBrayer, Superintendent State Sanatorium.
 Dr. Geo. Cooper, Chief of Bureau Rural Sanitation.
 Miss Mary Robinson, Bookkeeper.

Order of Business.

1. Report of Work Accomplished and Recommendations.
2. Discussions.
3. Election of Officers.
4. New Business.

WEDNESDAY MORNING, APRIL 18,
 9.30 O'CLOCK.

Auditorium B.

Section on Gynecology.

Dr. Numa D. Bitting, Chairman, Durham.

1. "Progress in Gynecology"—Dr. Numa D. Bitting, Durham.
2. "Ureter Stricture"—Report of 100 Cases, With Lantern Slide Demonstration—Dr. Guy L. Hunner, Baltimore, Md. Discussion opened by Dr. F. W. Griffith.
3. "Relations Between the Thyroid Gland and the Organs in the Pelvis"—Dr. Addison G. Brenizer, Charlotte. Discussion opened by Dr. L. Adams and Dr. Delia Dixon Carroll.
4. "The Prevention of Anaesthetic Shock"—Dr. T. Kerns, Durham. Discussion opened by Dr. C. O. Abernathy and Dr. W. N. Thomas.
5. "A Gynecological Diagnosis"—Dr. H. A. Royster, Raleigh. Discussion opened by Dr. A. T. Pritchard and Dr. B. G. Allen.
6. "Pre-cancerous Lesions of the Uterus and Vagina"—Dr. C. S. Lawrence, Winston-Salem. Discussion opened by Dr. L. N. Glenn and Dr. J. F. Roberson.
7. "Uterine Syphilis"—Dr. Oren Moore, Charlotte. Discussion opened by Dr. M. H. Briggs and Dr. C. M. Strong.

WEDNESDAY, 10.00 A. M.

Battery Park Hotel

Auditorium C

Section on Eye, Ear, Nose and Throat.

Dr. E. R. Russell, Chairman, Asheville.

Dr. J. G. Murphy, Secretary, Wilmington.

1. "The Other Side of Our Work"—Dr. E. Reid Russell.
2. "Preliminary Iridectomy For Choice"—Dr. K. P. Battle, Jr., Raleigh. Discussion opened by Drs. T. B. Henderson, R. S. Beam, J. H. Honnett, H. A. Wakefield.
33. "Trachoma—With Special Reference to its Prevalence in North Carolina"—Dr. John W. MacConnell, Davidson. Discussion opened by Drs. J. P. Matheson, M. C. Horton, J. G. Murphy, J. M. Lilly.
4. "Headaches in Children—Ciliary Strain"—Dr. C. M. Peeler, Charlotte. Discussion opened by Drs. J. A. MacKethan, M. L. Smott, J. R. Perkins.
5. "Exact Methods in Testing Refraction"—Dr. Gaillard S. Tennent, Asheville. Discussion opened by Drs. R. G. Buckner, R. H. Lewis, A. M. Whisnant, R. N. Brawley.
6. "The Barany Tests"—Dr. H. H. Briggs, Asheville. Discussion opened by Drs. J. B. Wright, J. W. Austin, F. A. Carpenter, J. H. Tucker.
7. "Hospital Surgery, the Routine"—Drs. M. R. Gibson, Raleigh. Discussion opened by Drs. F. J. Pate, S. D. McPherson, J. W. Autsin.

8. "Headache and Some of the Causes"—Dr. M. A. Royal, Elkin. Discussion opened by Drs. C. W. Banner, T. W. Davis, J. M. Crawford, R. V. Brawley.
9. Subject, not Announced—Dr. H. M. Bonner, New Bern. Discussion opened by Dr. W. W. Sawyer, Dr. Moses Brawley, Dr. John LeGwin.

WEDNESDAY AFTERNOON.

2.00 O'CLOCK

Drive to Biltmore.

Dairy Lunch.

Medical Preparedness Symposium.

Dr. J. W. Long, Chairman State Committee on Medical Preparedness.

Dr. G. W. Crile, Member of Committee of American Physicians on Medical Preparedness.

Report from Counties. General Discussion and Organization.

WEDNESDAY EVENING, 8.00 O'CLOCK

1. "North Carolina Hospitals" (Lantern Slide Illustrations)—Drs. J. T. Burrus and H. W. McCain, High Point.
2. Report of Obituary Committee—Dr. A. W. Knox, Chairman, Raleigh.

THURSDAY MORNING, APRIL 19,

9.30 O'CLOCK.

Auditorium A.

Section on Pediatrics.

THURSDAY, APRIL 19

Auditorium A.

Section on Materia Medica and Therapeutics.

Dr. T. C. Johnson, Chairman, Lumberton.

1. "Should We Be More Conservative in the Use of the Artificial Pneumothorax?"—Dr. John Roy Williams, Asheville.
2. "Some Suggestions in regard to the Care and Treatment of Alcoholic and Drug Habitués"—Dr. W. C. Ashworth, Greensboro.

THURSDAY, APRIL 19.

Auditorium B.

Dr. A. S. Pendleton, Chairman, Raleigh.

1. "The Pathology of the Spinal Fluid in Syphilis and How it is Affected by Treatment in Cerebro-spinal Syphilis"—Dr. A. S. Pendleton, Raleigh.

THURSDAY MORNING, APRIL 19,

9.30 O'CLOCK.

Auditorium B.

Section of Obstetrics.

Dr. Mark T. Frizzle, Chairman, Ayden.

1. "The Elimination of Ignorant Midwifery: Either Its Education, Licensure and Supervision, or Its Suppression"—Dr. M. T. Frizzle, Ayden. Discussion opened by Dr. E. C. Ashby, Mount Airy; Dr. L. W. Elias, Asheville; Dr. T. B. Kitchen, Scotland Neck; Dr. J. M. Templeton, Cary.
2. "A Plea for a More Circumspect Obstetrical Practice"—Dr. S. S. Coe, High Point. Discussion opened by Dr. D. A. Stanton, High Point; Dr. J. W. McGehee, Reidsville; Dr. J. L. Adams, Asheville; Dr. W. P. Beall, Greensboro.
3. "The Necessity of Making a Rapid and Correct Diagnosis in the Treatment of Postpartum Hemorrhage"—Dr. R. L. Payne, Monroe. Discussion opened by Dr. O. B. Ross, Charlotte; Dr. B. H. Hackney, Bynum; Dr. L. H. Webb, Chapel Hill; Dr. H. D. Stewart, Monroe.
4. "The Use and Abuse of Pituitrin in Labor"—Dr. E. G. Moore, Elm City. Discussion opened by Dr. W. D. James, Hamlet; Dr. C. S. Lawrence, Winston-Salem; Dr. W. H. Wadsworth, Concord; Dr. M. A. Foil, Mt. Pleasant.

5. "Blood Transfusion in Severe Postpartum Hemorrhage—The Responsibility of the Accoucheur"—Dr. W. T. Parrott, Kingston. Discussion opened by Dr. W. H. Furman, Henderson; Dr. M. H. Briggs, Rutherfordton; Dr. E. T. Dickinson, Wilson; Dr. R. W. Spicer, Goldsboro.
6. "The Indications for Cesarean Section"—Dr. C. P. Bolles, Wilmington. Discussion opened by Dr. J. B. Sidberry, Wilmington; Dr. J. B. Cranner, Wilmington; Dr. T. M. Green, Wilmington; Dr. J. W.

BOOK NOTICES.

Handbook of Suggestive Therapeutics; Applied Hypnotism; Physic Science. A Manual of Practical Psychotherapy, Designed Especially for the Practitioner of Medicine, Surgery and Dentistry. By Henry S. Munro, M. D., Omaha, Neb. Fourth Edition Revised and Enlarged. C. V. Mosby Co., St. Louis.

This book has striven to present the practical as well as the scientific side of psychotherapy to its readers. The majority of physicians and dentists in active practice today did not have an opportunity while in school to familiarize themselves with this subject, either from didactic instructions or clinical observation. Laboratories of applied psychology that are springing up today in most of our large cities, were unheard of as late as ten years ago. It is for this class of physicians and surgeons that the message contained in this work is directed, and its appreciation is evidenced by a call for a fourth edition, within nine years after its first appearance. Two new chapters have been added, one on suggestion in dentistry, and the other a philosophical dissertation on the human Libido. We would point out that this book is not intended principally for neurologists and psychotherapists, to whom the constant repetition of what is well known, might become wearisome, but is rather intended for the vast mass of the profession to whom this entire field is as yet terra incognita.

The present edition we see has a more complete index, and is of value as showing the practicability and efficacy of psychotherapeutic procedures as an adjunct in the treatment of disease, which is no longer questioned by physicians.

"Advice to Women on the Care of the Health Before, During and After Confinement," with hints on the "Care of the New-Born Infant," and an appendix on "What to Get Ready for a Baby." By Florence Stacpole, Dip-

lomee of the London Obstetrical Society, and Lecturer to the National Health Society. Author of "Our Sick and How to Take Care of Them," etc. Revised from the 5th London Edition, to conform to American Practice by Lydia E. Anderson, R. N., President of State Board of Nurse Examiners, University of the State of New York. Fund and Wagnalls Co., New York and London. Price, \$1.25.

This work, written by women for women, will prove to be invaluable to all expectant mothers. The instructions as general care, food, exercise, etc., if carefully read and followed, will mean the lessening in large degree of the discomforts and possible dangers of childbirth.

The wide experience of the authors makes their advice peculiarly trustworthy and the hints given as how to meet emergencies can be thoroughly relied upon. Not the least valuable portion of the work are the chapters devoted to the care and feeding of the new-born infant.

Materia Medica and Therapeutics Including Pharmacy and Pharmacology, by Reynold Webb Wilcox, M. A., M. D., LL. D., D. C. L., President of the American College of Physicians, Professor of Medicine (Retired) at the New York Post-Graduate Medical School and Hospital; Consulting Physician to St. Mark's, to the Nassau, to the Ossining and to the Eastern Long Island Hospital; President of the Congress on Internal Medicine; Honorary Member of the Connecticut State Medical Society; Fellow of the American Academy of Medicine; Member of the Association of Military Surgeons and of the American Association for the Advancement of Science; Formerly President of the American Therapeutic Society, of the Medical Association of the Greater City of New York, of the Society of Medical Jurisprudence, and of the Association of the Medical Reserve Corps, United States Army (New York Division). Ninth Edition. Revised in Accordance with the U. S. Pharmacopoeia, IX with Index of Symptoms and Diseases. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut Street. 1917.

Dr. Wilcox is a very accomplished writer. On subjects dealing with materia medica he is quite competent, and is recognized all over the world as a good man in this line of medicine and therapeutics. I envy very much his ability to present

his subjects in as scholarly a way as he is competent to do, and as he succeeds in doing. The appearance of the United States Pharmacopoeia, IX, has necessitated the re-writing of the section devoted to Pharmacy and Materia Medica and a thorough revision of this volume, which treats of the official drugs and preparations only, and every effort has been made towards condensation so far as is compatible with clearness.

In order that the subjects might be presented in one volume and all repetitions avoided, cross references have been inserted and an exhaustive index added for the convenience of physicians who use this book for reference. The therapeutic agents are divided into two sections, the Inorganic and Organic Medica, and the general classification adopted, because the materia medica includes the performance of the simpler pharmaceutical operations.

The book contains 860 pages, and is very perfectly and thoroughly indexed. I don't know that I have ever examined a book more thoroughly indexed than this one, and I feel like complimenting myself that I have been able to add this volume to my library, which already contains over 10,000 volumes. The paper that the book is printed on is very fine and attractive. I think the author deserves to be congratulated upon his selection of publishers, who have been so painstaking.

I am always glad to review books as valuable as this one in this Journal. It is a magnificent edition of materia medica and therapeutics.

Constipation, Obstipation and Intestinal Stasis, (Auto-intoxication), by Samuel Goodwin Gant, M. D., LL. D., Professor of the Diseases of the Colon, Sigmoid Flexure, Rectum and Anus in the New York Post Graduate School and Hospital. Second Edition Enlarged, With 259 Illustrations. Price \$7.50. Philadelphia and London, W. B. Saunders Co., 1916.

When I reviewed the first edition of this book, I was very much pleased with it. The second edition, if I may be allowed to make this comparative comment, is a great deal better volume than the first one. Really I think that this is a very valuable and up-to-date contribution to medical literature. Anyone who has had the very fortunate opportunity to hear the author lecture at the post graduate school certainly would not hesitate to have this volume in his library and to

thoroughly study it. You can almost see Dr. Gant when studying this volume. Now I hope that no one who reads this book, will for a moment think that I am throwing bouquets at the author—for the book is indeed a very valuable one, but what I am most pleased with is the 259 illustrations that are very interesting and most artistically gotten up. I have a very decided inclination, however, to make the same criticism of this book, that I did of the first edition—and while I have just complimented the illustrations in this book—the artist has tried to stand so straight, it causes us to fear he may fall over backwards. To illustrate, please look on pages 360, 361, 362 and 366. The painter has touched them up to such an extent it appears almost laughable, and in many cases you can count how many times the suture threads have been twisted, prior to using and after they were used. This is the only criticism I have to make of the work; otherwise I regard it as perfect in every respect.

Take it altogether, the author has given the medical profession, or I might say the surgical profession, a very valuable book, and the criticisms that I am making of it, are, of course, very friendly, and should not be interpreted other than as complimentary. It gives me a great deal of pleasure to recommend the book. The work contains 584 pages. I don't know that I have ever seen a book more completely and accurately indexed than this one. As usual the publishers of this volume are very careful to have its index appropriately arranged. If there is anything that adds to a book, it is to have its contents carefully indexed.

Buy the book, and after you have thoroughly examined it, as the reviewer of this book, I will refund your money if you say that it is not worth the price you have paid for it. Bear in mind that I want you to make a thorough review of it; then, if you say the volume is not worth the price, advise me and I will take the book off your hands—but at the same time, I will have to confess that you are not the judge of a good book.—“E. C. R.”

The Practical Medicine Series, Comprising Ten Volumes, of the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Chas. L. Mix, Professor of Physical Diagnosis in the Northwestern University Medicine School.

Volume Ten—Nervous and Mental Diseases, Edited by Hugh T. Patrick, M. D., Professor of Neurology in the Chi-

cago Polyclinic, Clinical Professor of Nervous Diseases in the Northwestern University Medical School. Peter Bascoe, M. D., Assistant Professor of Mental and Nervous Diseases, Rush Medical College, with the Collaboration of Lewis J. Pollock, M. D., Series 1916. The Yearbook Publishers, 327 S. La-Salle St., Chicago, Ill.

This is one of a series of ten volumes, issued at about monthly intervals, and covering the entire field of medicine and surgery. Each volume being complete on the subject of which it treats for the year prior to its publication. Price of this volume is \$1.35—Price of the series of ten volumes is \$10.00. While this series is published primarily for the general practitioner, at the same time the arrangement is in several volumes, and this enables those who are especially interested in special subjects to buy only the parts they desire.

This is a very interesting volume. I don't know that I have seen any issue in this wonderfully valuable series of books that I have enjoyed looking over more than I have this one. It contains 232 pages, and while it contains not very many illustrations, possibly less than 30 they very appropriately illustrate the text and the books are well indexed. There is one thing about this series, a volume of which comes out each month, and that is that in addition to the illustrations, it is accurately indexed, and the correct and complete indexing of a book is perhaps my hobby. What is the use of having a volume in one's library that is not appropriately, accurately and I might say well indexed? The price of the book is only \$1.30. After reviewing these ten volumes, I am thoroughly convinced that they are one of the most valuable periodicals on current medical and surgical literature on the market. The highest compliment that I can pay this series, is to hope that the readers of *The Charlotte Medical Journal* appreciate and enjoy them as much as I do.

We Wish to Acknowledge Receipt of Annual Transactions for 1916 of the American Laryngological, Rhinological and Otological Society. The Twenty-Second Annual Meeting of This Society Being Held in White Sulphur Springs, W. Va., May, 1916.

We Are Also in Receipt of Transactions of the American Pediatric Society, for 1916—the Twenty-Eighth Session Held at the New Willard Hotel in

Washington in May, 1916.
Springs, W. Va., May, 1916.

Miscellaneous.

An Important Hypnotic.

That often intractable symptom of nervous disorder, insomnia, suggests the use of Chloretone in preference to hypnotics of the coal-tar series, for the reason that the former is not depressant to the heart and respiration and is not toxic in ordinary therapeutic doses. It produces peaceful slumber closely resembling the natural process, the patient awakening refreshed and rejuvenated. It does not disturb the digestion, produces no objectionable after-effects, and does not cause habit formation.

Administered internally, Chloretone passes unchanged into the circulation and is deposited in considerable quantities in the cerebral tissue, the result being that the patient falls into a profound sleep. It appears to be decomposed within the body, for, volatile as it is, we do not find it in the expired air, nor can it be recognized in the urine.

Chloretone is useful in the treatment of the insomnia of acute mania, periodic mania, senile dementia, the motor excitement of general paresis, and alcoholism. It is especially beneficial in controlling sleeplessness due to pain—as in cancer, tabes dorsalis and neuralgias—and to mental strain or worry.

As doubtless most physicians know, Chloretone is a product of the laboratories of Parke, Davis & Co. It is supplied in crystal form—in ounce vitals and in capsules of three grains and five grains. Because of its camphoraceous flavor it is perhaps best to administer it in capsules.

Simplified Method of Treating Rabies.

A survey of the statistics of cases of human rabies shows that it is not known how much or how little of the virus when injected, may result in the production of rabies in untreated cases. This fact makes it imperative that every patient should be given the full benefit of the doubt, and should receive a course which will confer the highest degree of protection. Such a course is the Lilly Intensive Treatment.

The Eli Lilly & Company Rabies Virus is prepared after Harris' (Dr. D. L. Harris, Professor of Hygiene and Preventive Medicine, St. Louis, University School of Medicine) modification of the Pasteur Antirabic Preventive Treatment.

The vaccine virue is a standardized powder, the result of desiccating the pulverized frozen brains and cords of rabbits dead from fixed virus inoculation.

The advantages claimed for this method are its safety; the high immunizing quality of the vaccine; its economy of time and expense to the patient; the availability of the initial doses for prompt administration and the standardization of dosage.

The Lilly Intensive Treatment consists of fourteen doses (one daily) of the emulsified, powdered virus. The vaccine is marketed in syringe containers and is ready for immediate injection by the physician, who may administer the virus in his office or at the home of the patient. The treatment does not deter the patient from his daily routine.

The Modern Treatment of Wounds.

The remarkable results that have been obtained in the war hospitals of Europe through the use of certain alkaline solutions bid fair to revolutionize our views concerning the treatment of wounds. The day of toxic—and often irritating—antiseptics has passed, and in their place carefully selected alkaline agents hold sway.

Through the aid of these agents, it has been found possible to sterilize infected wounds promptly, and this, not only without the slightest irritation or objectionable effect on the injured tissues, but on the contrary, with a very gratifying stimulation of the processes of repair.

Study of the splendid work that has been done by the great surgeons who have striven so faithfully to lessen the distress and suffering caused by the war has made it plain that alkaline treatment of wounds needs only to be placed on a practical basis to bring it into general surgical use.

Burnham's Antiseptic Powder has Burnham's been evolved as a direct outcome of this need. Extensive chemical as well as clinical research has been given to the problem, with the result that a powder has been produced that meets every requirement of this newest conception of the rational treatment of wounds. Remarkably soluble and cleansing, it promptly neutralizes acid conditions, softens and dissolves inspissated secretions, dissolves toxins, destroys bacteria rapidly allays congestions and inflammation, and promotes tissue healing and repair.

A large number of clinical tests that have been made in the treatment of nose and throat diseases, genito-urinary af-

fections, especially of the bladder and urethra, diseases of the mucous membranes and wounds generally, point so conclusively to its superiority for Gargling, Spraying, Douching, Irrigating and Cleansing, to other antiseptic products that the place of Burnham's Antiseptic Powder has been established beyond all question.

Results from the use and application of a product constitute the best and truest measure of its worth, and on this basis Burnham's Antiseptic Powder represents a great achievement in the safe and efficient treatment of wounds and for irrigation in diseases of the Genito-Urinary tract and all affections of the Mucous Membrane.

In the treatment of all surgical wounds, use one teaspoonful of the powder to a pint of warm water. This refers especially to use as a nasal douche, as a lotion in eczema and skin affections, in dentistry as a mouth wash, in treatment of burns and skin abrasions.

Use in form of Standard Solution—a teaspoonful to a pint of warm water.

As a Vaginal Douche, use one or two heaping teaspoonfuls to a quart of warm or hot water.

Sample will be sent on request to Burnham Soluble Iodine Company, Auburndale, Mass.

In Pregnancy where elimination is deficient, as indicated by headache, slight disturbance of the digestion and diminution of solids and urea in the urine, sanmetto in connection with calomel is remarkably effective. The calomel acts upon the cells of the body, those of the liver especially, effecting proper removal of the waste and accumulated toxins. Sanmetto increases the activity of the kidneys, in this way promoting the removal of excrementitious products from the blood, and at the same time acts as a systematic tonic enabling the body to more completely dispose of its waste products through its organs of elimination, and resist the evil effects from systemic absorption of auto-toxins.

"Nerve fag," malaise, and lack of general tone predispose the system to the invasion of disease and incapacitate the individual for both mental and physical accomplishment. From these and related asthenic conditions, Fellows' Compound Syrup of the Hypophosphites offers certain relief. Fellows' Syrup must not be confused with other preparations of the Hypophosphites.

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Its prompt effect on the appetite, digestion
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DOSAGE—ADULTS: Two to four teaspoon-
fuls in a little water before meals three or
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• **Bureau of Chemistry, U. S. Department of Agriculture:**

"The spurious aspirin is a mixture of either calcium phosphate and starch, cream of tartar and citric acid with some alum; or milk sugar, starch and calcium acid phosphate."—(From N. Y. Health Dept. "Weekly Bulletin," Nov. 6, 1915.)

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The trade-mark "Aspirin" (Reg. U. S. Pat. Office) is a guarantee that the monoacetic acid ester of salicylic acid is of the reliable Bayer manufacture.

The New Treatment for Burns.

Within recent months numerous articles have appeared in the magazines and newspapers about the new French treatment of burns, in which a wax mixture is sprayed or painted hot upon the burned surface. Remarkable statements are made as to the rapidity with which this treatment relieves the pain of the burn and brings about a growth of new skin underneath the wax dressing.

Readers of this journal will be greatly interested to learn that this method of treatment has been made available to American physicians by the introduction of Parresine (Abbott) containing paraffin combined with vegetable wax and vegetable and mineral resins, and rendered antiseptic and deodorant by the addition of eucalyptol. This preparation is said to be fully equal to, if not actually superior to the French product, and it is sold at half the price. Thousands of American physicians will certainly be quick to give this method of treatment a trial. Not only is it effective in burns, but it is also of great value in the treatment of frostbite, chilblains, and to cover other de-

nuded and painful areas.

When purchasing products like this, it is the part of safety to buy from a house with a reputation behind it, like The Abbott Laboratories. It is neither the part of wisdom nor of safety to use cheap or inferior preparations, of this or any other class. For complete information, prices, directions and clinical reports address The Abbott Laboratories, Chicago, Illinois.

"Nerve fag," malaise, and lack of general tone predispose the system to the invasion of disease and incapacitate the individual for both mental and physical accomplishment. From these and related asthenic conditions, Fellows' Compound Syrup of the Hypophosphites offers certain relief. Fellows' Syrup must not be confused with other preparations of the Hypophosphites.

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What precautions have you or your hospital taken to restore respiration quickly, safely and surely? You can't afford to dispense with anesthesia because of the dangers that attend its use—of course not.

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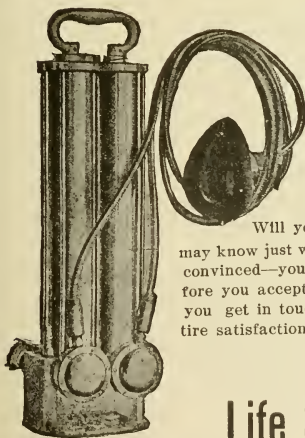
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Danger Due to Substitution.

Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Hastening Recovery From Grip and Pneumonia.

It is during convalescence from grippal conditions and pneumonia that the need for an agent to augment tissue resistance become so most important consideration.

For more than twenty years Cord. Ext. Ol. Morrhuæ Comp. (Hagee) has shown its special value as a reconstructive during the recovery from bronchial and pulmonary conditions, a value that rests largely upon the ease with which the depleted system assimilates the essential elements of cod liver oil which Cord. Ext. Ol. Morrhuæ Comp (Hagee) contains. For the purpose mentioned this preparation is standard.

"The salicylates have long been regarded by the profession as a potent anti-rheumatics, whose efficacy is unapproached by any other known medicine in the treatment of neuralgia, rheumatism, sciatica and other neurotic lesions. Tongaline, from the character of its ingredients, is bound to possess special alternative and eliminative action, with positive affinity for the excretory system of glands, necessarily producing a thorough elimination of the toxic and morbid products of the system through the various emunctories. For rheumatism and gout; sciatica and lumbago, it is the remedy par excellence; its action being absolutely invaluable. In these diseases it thoroughly eliminates the toxæmia which, under other treatments seems ever present, hindering convalescence and producing relapses. Tongaline here acts as an efficient alternative and eliminative, removing causes and effecting resolution."

There may be a specific for Pnuemonia but we have never heard of it.

TO-DAY the safe and sane method of treating Pneumonia includes the application over the thorax of prolonged, moist heat in the form of

HYGROSCOPIC **ANTIPHLOGISTINE** ANTISEPTIC

Not a specific—but a most valuable adjunct in treating
PNUEMONIA.

When the physician sees first the condition of the patient improve slightly—after an hour or two there is a marked abatement of the severity of the symptoms—and later the patient is, apparently, out of danger and eventually recovers, he *MUST* believe in the therapeutic value of Antiphlogistine in Pneumonia.



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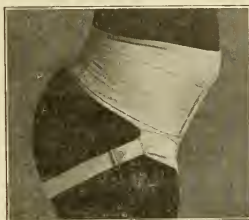
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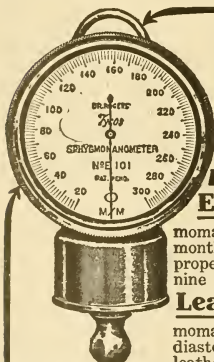
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No. 5

THE CANCER CAMPAIGN QUATERNARY: THE PROBLEM; THE PUBLIC; THE PATIENT; THE PHYSICIAN.*

By Wm. Seaman Bainbridge, A. M., Sc. D., M. D.,
C. M., New York City.

No dissenting voice, so far as I am aware, has been raised against the movement, now so substantially under way, to educate the general American public concerning cancer. For more than a decade, as my published statements attest, I have emphasized the need for enlightenment on the part of the layman with reference to this disease, of which so much negative and so little positive information is available. I have endeavored to impress upon the medical profession the importance of so conducting the campaign of education as to avoid arousing needless alarm in the public mind, and to obviate the dissemination of conflicting views, theoretical observations, and deluding hopes. I have consistently and persistently maintained that physicians should be educated primarily, laymen secondarily, and that pending the establishing of incontrovertible conclusions, hypothetical matters should be discussed in *camera*, and so cautiously that the promulgation of erroneous, premature, and misleading conceptions concerning any phase of the cancer problem would be reduced to a minimum.

The campaign of education has been under way long enough now for some estimate to be formed concerning the results, good, bad and indifferent, which it has yielded to date. It is time to ask ourselves whether the platform upon which we have been conducting the campaign has met the requirements, or whether it needs to be revamped in accordance with the results accomplished. We may well ask ourselves frankly: "Are we on the right road?" "Have we failed to notice and to point out any of the guide-posts along the highway?" "Have we misinterpreted any of the danger-signals?" "Have we wandered into by-paths fraught with dangerous pitfalls for those whom we are supposed to lead?"

No one, perhaps, is in better position to answer these questions than is the sur-

geon whose field of activity brings him in contact with a large number of persons directly or indirectly concerned with malignant disease. No one is more frequently importuned for what the patient, or the patient's friends and family, consider the final word concerning this or that piece of information—or misinformation—gathered from the columns of the daily press, from the "popular medical lecture," from the club, or from the medical meeting which the public may attend at will. Over and over the surgeon is asked, with emphasis as given: "Is cancer contagious?" "Should every little wart and mole, or every little lump and bump, be removed?" "Will I have cancer if I eat meat?" "Must I eat rice to prevent having cancer?" "Does persistent indigestion mean cancer of the stomach?" And so on, according to the hobby of the particular author or lecturer under whose temporary tutelage the individual has passed, and, likewise, according to the peculiar psychological constitution of the said individual.

It has been said, in quite another connection, that "Experiments have two great uses—a use in discovery and verification, and a use in tuition. They were long ago defined as the investigator's language addressed to Nature, to which she sends intelligible replies. These replies, however, usually reach the questioner in whispers too feeble for the public ear. But after the discoverer comes the teacher, whose function it is so to exalt and modify the experiments of his predecessors as to render them fit for public presentation." In no field of investigation with which the physician is concerned may it be more truly said that Nature's replies to our questionings come "in whispers too feeble for the public ear;" in no field of educational endeavor is it more important that the teacher render the subject matter "fit for public presentation," than in this campaign of education concerning cancer. The reason is involved in the very complexity of the campaign. This must take into consideration the quaternary: the cancer problem, which, as all know, is full of complexities; the public, as a whole; the patient, as an individual; the physician, who is the one to deliver the message.

The Problem.

Ever since the inauguration, less than twenty years ago, of the scientific study

*Read at the Nineteenth Annual Session of the Tri-State Medical Association of the Carolinas and Virginia, Durham, N. C., February 22, 1917.

of cancer, the questions connected with this malady have multiplied so rapidly that they have become merged into one great, complex and unsolved problem. The chief constituents of this mystifying whole are concerned with: (1) the cause; (2) the diagnosis; (3) the prevention; (4) the cure, of cancer. Each one of these at once introduces us to a labyrinthine tangle of conflicting opinions, and hence of uncertainty. The layman conducted into this maze, unless by a skillful leader, is sure to become confused and discomfited.

Cause.—One of the organizations concerned with the propaganda against cancer recently issued a circular entitled "Fighting Cancer With Facts." Unfortunately, the one great and all-important fact, the cause of cancer, is not in our possession. Whatever may be our individual interpretation presented by experimentation or by clinical observation, we have no incontrovertible facts to give to the layman who seeks enlightenment concerning the cause of this disease. We may have some negative findings; we may assert positively that cancer is or is not due to any kind of a parasite, microscopic, ultra-microscopic, or macroscopic; we may persistently deny that diet, of whatever kind, is potent to initiate the malignant process; we may agree or disagree concerning the proposition that cancer is or may be inherited; and we may accept or decline the oft-repeated statement that cancer is local in its beginning, and not in any sense a constitutional disease.

No matter what position we may assume with regard to the etiology of cancer, an army of opposition may be marshalled against us, equipped with apparently just as invincible weapons as we possess; for, truth to tell, neither side is really fighting, so far as the cause is concerned, with the impregnable armor of fact. Neither side, therefore, can vanquish the other. Even though one side may marshal seventy-five or a hundred thousand rats and mice against seventy-five or a hundred human subjects, in a contest of theories, who can say that either mice or men have won a victory?

How soon the smoke of battle may clear away and leave us and our allies, mice or men, triumphant, nobody can say. We can but hope that this consummation devoutly to be wished may soon be fulfilled. In the meantime, let us continue, in the laboratory or in the clinic, to fight for the possession of facts which will clear up this fundamental question, the cause of cancer. Pending the successful

culmination of these efforts, how shall we interpret to the public Nature's "whispers" which come in answer to our investigations into the beginnings of this puzzling disease?

A few years ago, when so much was being said within the medical profession and in the secular press concerning the contagiousness and infectiousness of cancer, many of us were constantly confronted with anxious queries along this line, and with the serious and unfortunate difficulties which arose in the care of patients with advanced cancer. We have not forgotten the urgent demands made by some of the radicals for the burning of clothing, bedding, and even houses in which patients with cancer had lived, nor have we forgotten the unwillingness and refusal of nurses and other attendants to take care of these unfortunates. This theory of the cause of cancer, like the poor, we have always with us, and this dread possibility, that after all, the disease may be transmitted from man to man, from animals to man, or even from plants to man, figures at times, in one way or another, in the literature concerning malignant disease. The theory has not been proved, nor has it been universally accepted as disproved.

What, then, is it safe to affirm, in this connection, in the promulgation of knowledge regarding cancer? All, it seems to me, that need be said is:

(1) That the contagiousness or infectiousness of cancer is far from proved, the evidence to support this theory being so incomplete and inconclusive that the public need have no concern regarding it.

(2) That the communication of cancer from man to man is so rare, if it really occurs at all, that it may be practically disregarded.

(3) That any relationship between cancer in animals and in plants to cancer in man, so far as the acquirement of the disease by man, is concerned, is purely an academic question, an hypothesis so far from verification that even the "whisper" of it should not reach the public.

(4) That those members of the public in charge of or in contact with sufferers from cancer with external manifestations, or discharges of any kind, need at most take the same precautionary measures as would be adopted in the care of any ulcer or open septic wound.

(5) That in the care of patients with cancer there is much less danger to the attendant from any possible acquirement of cancer than there is of septic infection, or blood poisoning from pus organisms.

Of all the theoretic ghosts that stalk through the realm of cancer, however, the veritable Banquo's Ghost, refusing to be downed, is the ancient Constitutional Theory of the origin of this disease. It followed close upon the Evil Eye, the Curse, and other primitive ideas of the cause of disease, and it looms more or less vividly upon the horizon, its vestments varying with the times or with the "spot-light" cast upon it. Hand in hand with this ghost goes another, just now—Heredity, an unintentional ally.

The combination is not an easy one to combat in the campaign of education, for a bewildering array of facts, figures and fiction has been collected by the supporters thereof. To be sure, the facts are not fundamental ones, the figures may be impugned as may all statistics, and the fiction is as interesting as any other fiction concerning this homely subject; the serious import thereof, however, has a bearing upon the treatment of the disease, as we shall see, and hence upon the campaign of education as applied to the layman. It is important, therefore, that a rational stand be taken concerning these theories of the origin of malignant growths by those who are earnestly endeavoring, without preconceived and biased views, to instruct the public in the matter of the eradication of this scourge. Is it not enough, then, to teach, in effect:

(1) That the hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formed concerning them, and that, in the light of our present knowledge, they hold no special element of alarm.

(2) That in cancer, as in all other disease, attention to diet, exercise, and proper hygienic surroundings, is of distinct value, aside from any consideration of the essential cause of the disease.

(3) That suggestions which are put forward from time to time regarding the eugenic, dietetic and other means of limiting cancer, should not be accepted by the public until definitely endorsed by the consensus of expert opinion. Such consensus **does not exist** at present.

So far we have encountered only differences of opinion concerning the cause of cancer, but nothing that may be unqualifiedly pronounced a **fact**. What, more than mere hypothesis, may we say relative to this basic element of the great unknown? Is there nothing upon which all those who are interested in helping to eradicate this plague may earnestly unite, something which will materially aid in checking its ravages? Unfortu-

nately, there seems to be no ground upon which all may stand so far as the essential cause of cancer is concerned. There are some dissenting voices, however feeble, with regard to the **predisposing causes** and the **local origin** of the disease; but the accumulated evidence, gathered from all over the world, from all manner of sources, from animal and other laboratory experiments, and from clinical observations so numerous as to seem to refute all opposing opinion, warrant at least the statements:

(1) That, notwithstanding the possibility of underlying general factors, cancer may, for all practical purposes, be at present regarded as local in its beginning.

(2) That prominent among the predisposing factors, for which one should be on guard, are: general lowered nutrition; chronic irritation and inflammation; repeated acute trauma; cicatricial tissue, such as lupus and other scars, and burns; benign tumors—warts, moles, nevi (birth-marks), etc.; also that changes occurring in the character of such tumors and tissues, as well as the occurrence of any abnormal discharge from any part of the body, especially if blood-stained, are to be regarded as suspicious.

(3) That some occupations, notably working in pitch, tar, paraffin, anilin or soot, and with X-rays, if not safeguarded, are conducive to the production of cancer, presumably on account of the chronic irritation or inflammation caused.

(4) That the finding of any abnormal condition about the body should be taken as an indication for competent professional and not personal attention.

Prevention.—It goes without saying that so long as we have not determined the cause of cancer we cannot definitely say that any given course of action or state of being may be counted upon to prevent the development of the local condition which we recognize as cancer. From long observation, as we have just seen, it has been determined that certain factors predispose to the initiation of the malignant process, and we are justified in warning against these factors, thereby placing the public on guard concerning them. We should not, however, be so zealous in our efforts to impress these predisposing factors as to be blind to other possibilities which may controvert our present stand. While busy with the problem of protective immunity, let us not brush aside as of no moment the proposition that heredity is a possible factor in the initiation of cancer, and therefore must be reckoned with in the pre-

vention of the disease. But we need not (as some have done) become so imbued with the idea *that heredity has been proved to play a part, as to advocate celibacy in those in whose person or family cancer is known to exist or to have occurred. Nor need we advocate the isolation of persons afflicted with cancer, or other extreme measures in keeping with the prevention of infectious or contagious diseases, because one school of cancer investigators persistently holds to the belief in the infectious nature of this disease. Let us continue to work, each in his or her own way, along lines of preference, looking to the solution of one or more of the enigmas and the ultimate complete analysis of the entire problem. But in the interim let us try to keep the public out of the investigation of the various theoretical and technical questions. Let us not do more than urge watchful waiting, along the lines indicated above, until decisive action is called for, but let us make it unmistakably clear that action, when needed, is the surest aid to the elimination of this malady, by the prevention of its occurrence or its eradication in its incipency.

Cure.—It has been urged by those who oppose the "cutting" of cancer, or who recommend the surgeon as a recourse of last resort, that the word **cure** is not applicable to cancer when the means employed are of a surgical nature. There is perhaps no more completely and ineradicably fixed delusion in the public mind than that cancer never is really cured, and that if it is cured it was not cancer. It is because of this idea, no doubt, that the public is always ready to accept on faith the latest therapeutic gallimaufry which is exploited. And yet the most tangible phase of the entire obscure problem of cancer concerns its cure. We come more nearly here to fighting cancer with facts than anywhere along the line. For such an accumulation of experience and observation is available to prove that cancer is cured by early and complete removal of the local manifestation which we call "the growth," that this evidence would seem sufficient to convince even the most skeptical. And, forsooth, it would, were it not for the fact that this particular variety of skepticism is incompatible with the scientific attitude of suspended judgment pending proof. It has, moreover, kept alive the aforesaid constitutional theory of the origin of cancer, with various collateral theories concerning diet and habits of life. Out of these theories, quite naturally, have come various methods of treatment, ranging from

Christian Science to Rice Regime.

The Public.

It is particularly with regard to the question of the cure of cancer that the medical profession, as a whole and individually, should assume the responsibility of safeguarding the public from conflicting opinions, and the consequent lack of confidence in medical advice, with its concomitants, neglect, or the following of false gods. And yet there has been and still is a deplorable lack of unanimity in our views.

I have repeatedly had occasion to discuss the question of "cancer cures," and to deplore the fact that false hopes are constantly being aroused in the public mind by premature reports of "success" with this or that agent or method.

Radium is at present the storm-centre of conflict in this regard. The public is told by one authority (perhaps not intentionally), that "radium, our newest therapeutic agent, is proving to be of the utmost value in the treatment of cancer of all kinds, whether operable or inoperable." By another the public is told that while this agent "will continue to be of value in the treatment of certain small, relatively benign, accessible cancers . . . as yet no consistent benefits have been obtained in deeper tumors." On the other hand, reports have been published in medical journals (and the information appropriated by the public) of deep-seated cancers "cured" by radium, while other reports tend to show that radium, "even in large doses, and when administered by some of its greatest advocates, is by no means infallible in the superficial cases that it is stated to cure," but, it is added, has made such cases vastly worse.

The public, meanwhile, reads of the thousands spent for radium and radium products by one set of investigators, and of the doubt cast by another faction on the entire radium idea. One expert says: "Give me enough radium and I will cure every case of cancer;" another says: "would that radium had never been discovered!" And the public loses faith alike in the advocate and the decrier of this agent.

The same uncertainty confronts the public with regard to X-ray. "It cures;" "it should be used after operation in every case of cancer;" "it is of little or no benefit;" "it is positively harmful because it stimulates the growth of cancer,"—these and many similar statements may be found in campaign literature or heard in campaign lectures.

As for other so-called cures—and I have reference here not to the agencies

employed by the patent quack—the public no sooner rids its mind of the hope aroused by the advocates of one “new remedy,” before another is foisted upon it by reputable members of the medical profession.

The fact that the public receives much of its medical information through the newspapers, “hunting for something dramatic for their columns,” should tend to make the profession much more guarded than it sometimes is in making statements concerning cancer and its treatment. Careless phraseology, which to the initiated is taken as intended, may be honestly misunderstood by the public, and for this reason, physicians, on general principles, should avoid such phraseology in dealing with a subject concerning which they have assumed to educate the public, and concerning which the public, in consequence of the proffered education, considers it has a right to knowledge from this source. If a layman reads, for example, or hears, that “while radium manifestly (the bold letters are mine) ought to replace surgery in many instances, and while it does some of its best work in curing cases which surgery has not the remotest hope of touching, yet on the whole there remains a large place for radium combined with surgery,” etc., he is fairly sure to conclude that the author of such a statement means that radium can and does cure at least some cases which surgery is powerless to benefit. Yet how many such cases can be presented? Are we fighting cancer with facts when we make such assertions, even among ourselves?

It must be confessed, however, that the public is not without blame in blocking the dissemination of useful information—or at least not harmful—concerning cancer. The intellectual proletariat may be excluded from this accusation, but those in high places in the world of letters are sometimes the gravest offenders. I have elsewhere directed attention to the unique and spectacular stand taken by one of the great editors of a few years ago, with reference to “cures” for cancer. Editors of today, with seemingly no realization of the evil that may ensue, allow the appearance of columns of sensational matter concerning cancer calculated to mislead their readers. Some of this—much, perhaps—is traceable to errors of judgment on the part of the medical profession; but much of it emanates, directly, from the aforesaid high places in the world of letters. A notable instance may be cited in the lengthy and positive advocacy of “red clover tea” by a facile and popular

writer of the day, whose means of expression reaches at once thousands more than our campaign literature may be expected to reach in months or perhaps years.

A part, therefore, of the campaign of education should be directed toward impressing upon the public that if the hundreds of earnest workers in laboratory and in clinic are unable to discover ways and means, other than surgical removal, for the cure of cancer, it is a foregone conclusion traditional remedies, such as “red clover tea” and the thousand and one things that have been listed as cancer “cures,” are to be considered time-wasters, and their advocates false teachers.

Too much emphasis cannot be placed (and not enough has yet been given) by the disseminators of knowledge concerning cancer upon the fact that of the large number of “failures” to cure this disease by surgical means many may be charged to ignorance or neglect, or both, on the part of the patient, rather than to any inherent fallacy in the method of treatment. In this connection, unfortunately, the medical profession, in part, is not blameless, for there are still many who prefer to treat “relatively benign,” superficial and accessible growths with caustics, electro-cautery, X-ray, radium, or some other non-surgical means. This being true, the task of impressing the public with the importance of the role they must play in the reduction of mortality statistics is rendered more complicated and needlessly difficult.

The Patient.

In a previous communication* I endeavored to emphasize some of the difficulties encountered, from the patient's point of view, in the search for knowledge concerning and relief from cancer. These difficulties, so far as I am able to judge from my own experience and observation, have in no degree been lessened during the twelve months of campaigning which have elapsed since the appearance of this article, along with many others which appeared coincident-

*“The Cancer Patient's Dilemma. A Plea for the Standardization of What the Public Should be Taught in the Campaign of Education Concerning Cancer,” New York Medical Journal, July 3, 1915. (The conclusions of this paper, under the title, “Articles of Faith” Concerning Cancer. A Platform Upon which to Unite in the Campaign of Education, were presented by the author during the four-day Cancer Educational Campaign, held under the Auspices of the Vermont State Medical Society, June 8-11, 1915).

ally over the country, all intended to emphasize some phase of the campaign of education concerning cancer.

It is doubtless true, as has been repeatedly stated, that the campaign of education has yielded results in the matter of causing more persons with premalignant and early malignant conditions to consult the surgeon, dermatologist, or family physician, and this, to be sure, is the prime motive of such a propaganda so far as the patient is concerned. But is it not possible to inculcate the idea that no chances are to be taken with these supposedly precancerous warts, moles, etc., that menstrual disorders, especially of middle life, should not be neglected, that bad teeth should be attended to before they have inaugurated a condition of chronic irritation in their vicinity, and that the various other predisposing factors should be borne in mind, without introducing the Mendelian theory of heredity to clinch our arguments, without telling the patient of the many things which recent experiments on hordes of animals have **not** proved,—without, in short, clouding the issue with any of the debatable questions now before us? The patient need not be shown “cancers in plants” and be told that these are similar to cancers in man, leaving the grotesque impression that cabbage, cauliflower, asparagus, or any other succulent and otherwise wholesome article of diet may be the host of a death-dealing disease, and that, if consumed, the host of the disease is changed from the vegetable to the consumer. Nor is it necessary to bring forward figures, mostly of ancient origin, to convince the patient that he must beware of a meat diet if he would escape cancer. Still less is there need for restricting the patient's diet in keeping with that of “far Cathay.”

In short, once the patient has reached the point of consulting a medical adviser, the condition and not a theory is the paramount issue.

The Physician.

The second element of the four which, as I have said, are the chief constituents of the problem of cancer (cause, diagnosis, prevention, cure), so intimately concerns the last member of the cancer quaternary, the physician, that I have left it for further consideration in this connection.

I have repeatedly emphasized my belief in the necessity for beginning any crusade of education concerning cancer within the ranks of the medical profession. The reason for this is fourfold (if I may use another figure four), and is to

be found, in tangible form, in the doctor himself.

So far as the campaign of education is concerned, physicians seem to fall into the following groups:

First, those who are so placed in their respective fields of action that they see very few cases of cancer, and for this reason are not so skilled in the diagnosis of this condition as others. Such practitioners are not confined to the rural districts, but may be found in smaller and larger cities as well. Inasmuch as, in the absence of dependable laboratory or other diagnostic tests applicable to the early stages of cancer, the recognition of the disease during these stages is entirely a matter of experience, physicians lacking this experience form the chief object of campaigning. If it is impossible for them to avail themselves of the large clinical material of the leading cities, through hospital internships, post-graduate courses, or other avenues, then the duty should be made clear to them of referring all doubtful cases to those of larger experience.

Second, those who may be called medical optimists. Nothing is the matter with the patient of this type of physician—found everywhere—until direful illness is imminent. The tendency of these over-hopeful doctors is to pooh-pooh the early stage of practically all diseases. Cancer is certainly no exception. Warts, moles, lumps, bumps,—all alike to him, are “nothing at all.” Menstrual irregularities are due to cold or exposure in young women, and to “the change of life” in those who are older. There is no digestive disturbance so persistent as to be inexplicable to him on a basis of improper diet, constipation, lack of exercise, or imagination. Such medical optimists are not the least difficult subjects for enlightenment in the campaign of education regarding cancer.

Third, those who, in contrast to the second class, may be called medical pessimists. They see in every lump or bump a corroding cancer, and in every menstrual disorder the necessity for a panhysterectomy. Needless alarm and mutilation are the inevitable results of such an attitude. Closer study of the individual case and keener analysis of signs and symptoms will obviate the difficulty in a large proportion of these cases. It is from such an angle that this particular class of physicians should be approached in the campaign of enlightenment.

Fourth, those who are not lacking in experience, who are neither optimists nor pessimists, and who constitute the re-

mainder of the medical profession, to which the campaigners themselves belong. The difficulty here—and it is no inconsequent difficulty—is the lack of unanimity. We are endeavoring to teach facts about cancer, when we have not determined what constitutes fact, except with regard to a very limited number of the questions involved. None of us are infallible in the matter of diagnosis, but once the conclusion is reached that a given condition is malignant, the treatment should be instituted in accordance with the facts of accumulated experience. No amount of theorizing can or has disproved the truth of the conclusion that accumulated experience warrants radical surgical removal, from the earliest stage to that which may be advisedly pronounced irremovable.

Many cases have been cited in which the tampering methods of the first class of physicians, the inexperienced, have unwittingly led to disastrous delay. The same unfortunate results have been chronicled as the outcome of the "Oh, let it alone!" advice to the patient who, perhaps, has come under the spell of the advocate of education regarding cancer, and who has honestly sought the early advice recommended. The woman, then, with the "lump" in the breast, or the man with the "crack" in his lip, goes out from such a medical adviser saying, "I thought that lecturer about cancer was an alarmist. I am glad I went to see Dr. So-and-So, for I was really frightened until he told me it was nothing." Perhaps it was not anything; but perhaps it was. The consequence in the latter case will be just as the cancer campaign lecturer predicted it would be. And this state of affairs is perhaps more common, and certainly more distressing, than that which is the outcome of the pessimist's advice, bad as it is. Fear, dread, and perhaps nervous and psychic upsets, on the part of the patient, unintentional neglect and avoidance on the part of friends and relatives of persons afflicted with cancer, are some of the results of the tendency to give a diagnosis of cancer too rashly. The diagnosis, if accepted, leads to treatment with the object of removal of the suspected lump or bump or other abnormality, by surgical means, by cautery, by radium, or other agency, according to the views of the physician consulted. In many instances, some of which I have cited elsewhere, unnecessary and mutilating operations have been performed as the result of this attitude on the part of the physician. The medical faddist who, lacking neither experience nor diagnostic

skill, denies to his patient the benefit of the only method of treatment which has stood the test of time, namely, surgical removal, just as surely adds his quota to the list of failures as do physicians of any other class.

With the higher perceptive ability which an earnest and unified education should develop, the physician of the near future should be able to catch the faintest whispers from Nature and give them back to the waiting world with clarion-like reverberation.

THE RELATION OF PUBLIC HEALTH WORK TO THE BUSINESS INTEREST OF THE MEDICAL PROFESSION.

By W. S. Rankin, M. D., Secretary North Carolina State Board of Health.

On state occasions like this the medical profession likes to believe that it is the most self-sacrificing of all professions, being the only profession that seeks self-destruction in the interest of the public. In the privacy of his office back home and on the solitary drives over country roads, it is a little doubtful whether the individual member of the profession gets much pleasure out of contemplating professional suicide.

The bearing of public health work on the income of the average physician is a question of vital and equal importance to both practitioner and sanitarian. To the practitioner an adequate income means ability to keep himself up to date, to buy books, to equip his operating room and his laboratory, to take a certain amount of post-graduate work—in short, to keep himself prepared to do good work. To the sanitarian a well-equipped, up-to-date medical profession is a *sine qua non* in the attainment of public health ideals—a low death rate and an increased longevity—and such a profession cannot be recruited or maintained on corn bread and buttermilk.

I have attended some hundreds of public health meetings, international, national, state, and local in scope; I have read much public health literature; I have never heard or read a discussion dealing with the relation of public health work to the income of the medical profession. Is this silence due to the fear of the physician or the sanitarian, or to the fear of both to discuss openly a delicate question involving private gain on the one hand and the public welfare on the other hand. If such fear exists, it is ill founded. A better income for the medical profession and better health for

the public are not antagonists but synergists. What are the principal objects of the sanitarian and what bearing have these objects on the doctor's income?

One of the principal objects sought by the sanitarian is a higher degree of public intelligence with respect to sanitation and hygiene. Is such intelligence a financial asset or debit of the medical profession? Who sends for you oftener, and pays you less grudgingly, and pays you more, the intelligent or the ignorant citizen? Who, in the beginning of an attack of typhoid fever, is the first to send for you, the intelligent or ignorant person? Who appreciates and insists on two visits a day in order, to protect himself against hemorrhage and perforation, the intelligent or ignorant person? Who, on the other hand, objects to frequent visits not knowing the dangers of typhoid and the value of careful attention, the intelligent or ignorant person? Which mother, the intelligent or ignorant mother, calls you oftener and pays you best to see her baby during its first two years of life, or, for that matter, her child during infancy and childhood? Which family, the family that understands the danger of heart and kidney involvement in scarlet fever, the danger of cardiac paralysis following diphtheria, the danger of pneumonia after whooping cough and measles, or the family that does not understand these dangers, the intelligent or the ignorant family, most appreciates your attention, sends for you quickest, insists most on repeated visits, and pays you best? Which obstetrical case, the one that has been informed and understands pre-natal and post-natal dangers, or the one that knows nothing about pre-natal and post-natal dangers, insists on the right number of visits, the proper urinary examinations, and other care—in short, which is the most remunerative obstetrical case, the intelligent or the ignorant woman. Or consider two consumptives: one intelligent, one ignorant. The first, recognizing his disease, secures the proper treatment. The second, not recognizing his disease, neglects to secure the proper treatment. The first case is diagnosed incipient tuberculosis, treated six months, arrested. The second is treated six months and dies. They both pay for six months treatment. The ignorant and dead consumptive pays no more. The intelligent consumptive, on the other hand, after saving his own life, saving the reputation of the physician and saving the physician a great deal of unnecessary worry, pays for one or two examinations a year for 15 or 20 years,

and in that 15 or 20 years pays other doctors for other professional services. Which is the best financial asset of the profession, the intelligent or ignorant consumptive? An intelligent man, a man informed on health questions and as to danger signals, has a pain in his abdomen; he recognizes the possibility of appendicitis; he calls his surgeon promptly, is operated on, and is out of the hospital in a week or ten days. The ignorant man, not informed on hygienic matters and as to danger signals, has a pain in his abdomen. He wants to save the doctor's bill; he postpones sending for the surgeon, and in the meantime attempts to relieve himself with a dose of salts. When he reaches the hospital, he, likewise, is treated a week or ten days and leaves the hospital, in an undertaker's wagon. Both owe for a week or ten days treatment, but one continues for many years a potential asset of the medical profession while the other as a potential asset ceases to exist. Which pays you most sanitary and hygienic intelligence or sanitary and hygienic ignorance?

A second principal object of the sanitarian is to find and refer physical defects in their early and remedial stages to the medical profession for treatment. I may cite here, as an illustration, two phases of public health work well under way in the United States and also in North Carolina. I refer especially to medical inspection of schools and life extension work.

The medical inspector of schools finds about 20 per cent of school children with defective eyes, 5 to 10 per cent with adenoids and enlarged tonsils, and I am afraid to say what per cent with bad teeth and suppurating gums. The inspector points out these defects to the parents, explains the possible influence of the defects on the future of the child, and advises the parent to see his physician and have the trouble attended to. This work very definitely and materially increases the income of the profession, and, which is more important, does a far-reaching public service.

Life Extension Work, which, as some of you know, was started four or five years ago by the Life Extension Institute of New York City, has for its object the early detection of the commoner defects in the adult population and the reference of those that need medical attention to physicians. In its work the Institute contracts with large corporations to make a physical examination of all of the employees and officers of the corporation for a flat rate just sufficient

to cover the expense of the examination. During its existence, the Life Extension Institute has examined over 200,000 adults and has referred 59 per cent of those examined to physicians. This piece of work has recently been undertaken by the North Carolina State Board of Health. The State Board of Health contracts with county authorities to make a physical examination of all white adults between the ages of 25 and 65 who desire such an examination, for the purpose of finding and pointing out incipient and remedial defects to the person examined and of impressing those found to have such defects with the importance of treatment. Those found to be seriously impaired, about 60 per cent of those examined, are referred to physicians for treatment. Life extension work is a most important public health activity, and its success certainly means more work, better work, and more pay for the medical profession.

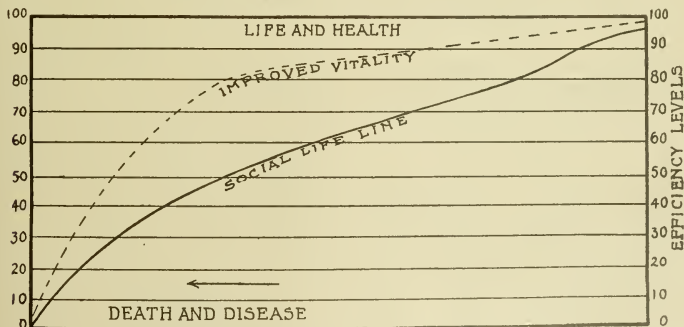
The third principal object of the sanitarian is to bring the whole vital structure, the whole life line of society, under more expert care and supervision. At present the physician deals with but a small fraction of the total life. Indeed, he comes into touch with but a minor part of pathology and practically none of physiology. Our social structure, biologically considered, is fairly accurately formulated in this diagram:

In a composite group of 68 people we

suspended at various levels of vitality and efficiency 68 people. Three of the 68, one dead and two in bed all the time, are represented by that part of the line which is under 10 per cent efficiency. Under present conditions it is safe to say that the work of the medical profession is largely, if not almost entirely, restricted to that part of the line which lies between zero and the intersection of the 20 per cent level, and which represents about 6 or 7 persons out of a group of 68. The physician's present field of work is but a minor part of pathology, not even the larger part of pathology, and practically none of physiology.

Now, the possibilities of service and reward at the higher levels of the social life line are greater than at the lower levels. The call at the lower level may be more urgent, but it does not offer anything like the opportunity for service as the call at the larger and higher part of the line. It means more to North Carolina to raise the physical and mental vigor of the 10, 15, or 20 leaders in the progress of this State, one or two per cent, than it does to raise the physical and mental vigor of a thousand, two thousand, or five thousand of those who live under the 30 per cent level of the line, ten to twenty per cent. Mere existence, mere living is not the purpose of creation. Quantity of life is desirable, but quality of life is essential. Five thousand people are born, live their life and pass away,

VITAL SOCIAL UNIT 68 PERSONS



have all the elements of our population in their usual proportions; white and black, male and female, old and young, feeble and vigorous, sick and well, dead and alive. In this group, here diagrammatically represented, we have the social life line passing from left to right and from the level of zero to the level of 95, and suspended between these two extremes of the quick and the dead, we have

and the total gift to society of all that quantity of life is not equal to the gift of that quality of being of one McConnell.

The business of lifting the whole life line is the demand and opportunity of the future. This lifting process calls for a knowledge and application of not only the principles of pathology but also the principles of physiology,—a pushing up the line of those who have gravitated,

through wear and tear and accident, and also those who have not gravitated to higher levels of life, grander conceptions and nobler service. In the ever enlarging field of medicine towards which the sanitarian is leading, the medical profession will not serve the sick less but will serve the well more. The greatest lawyers of today rarely appear in the court room. They are the legal advisors of those who are living at a high level and whose vision is big. They keep their clients out of trouble instead of getting them out of trouble. And so the greatest doctors of the future will rarely appear in the hospital. They will spend their time, not in making the unfit fit, but in making the fit fitter. An so I submit to you that in this process of enlargement of the field of service which public health is making, your material reward will be commensurate with the greater service.

The fourth principal object, one of the larger and one of the ultimate objects of the sanitarian, is an increased longevity. The sanitarian is making a hundred thousand people live an average of 60 years instead of an average of 40 years, and in doing this (you can see by a very simple process of multiplication) he is replacing a total of 4,000,000 years of human life with a total of 6,000,000 years of human life. Which pays the medical profession most, 4,000,000 years or 6,000,000 years of human life?

And so I conclude, as I began, that the public health interest and the business interest of the medical profession are not antagonistic but are synegetic.

THE PRESENT DAY POTENTIALITIES OF PRACTICAL MEDICINE IN NORTH CAROLINA.*

By Chas. O'H. Laughinghouse, M. D., Greenville, N. C.

Mr. Chairman, Members of the Medical Society of the State of North Carolina, Ladies and Gentlemen: I was young in years when I first found myself in this wonderful country. Night was making ready to put day to sleep as I stepped from the railroad station. On the hotel veranda, my youthful eyes devoured the revelation; my soul was left a hungering for the picture put in words until John Charles McNeill painted with his poetic pen what a youth's eyes had engraved indelibly on the tablets of memory:

*President's address, delivered before the Medical Society of North Carolina, annual meeting at Asheville, April 17, 1917.

"Hills wrapped in grey, standing along the West,

Clouds dimly lighted, gathering slowly;
The star of peace at watch above the crest,

Oh! Holy! Holy! Holy!

Maturer years which hold a greater thirst for the miracles of God brought me again to this—the country that demonstrates that an all-wise Providence holds a passion for the beautiful, akin to prodigality. During this visit, I left a call on the register of my hotel for four o'clock in the morning, at which time I arose and walked out to witness Creation give to the world a new day. I saw the child "aborning." I saw the midwife, Nature, tear great clouds from the mountain peaks and sky, and use them as swaddling clothes. I saw the infant morning kick itself out of its nursery wraps, jump from mountain top to mountain top and race toward the sun, whose rose a smiling to give it golden robes, light, warmth and power for North Carolina service.

Again I came, and again, until this people, and this city impressed me with man's power, as did the mountains, Nature's grandeur. Asheville's Riverside Cemetery holds the mortal remains of men and women whose deeds, coupled with those who are today fighting for higher and better things, are making a model city abounding in wealth and opportunity, where the comforts of the rich have so softened their hearts that to be comfortable themselves they must share it with the working class; where architecture gives unmistakable evidence of humanitarianism, beauty and studied permanency; where parks, play grounds, schools, hospitals and churches go to prove that the city's proudest products are the children of men. A city clean and so wedded to sanitation that its very atmosphere is breeding idealism; a city whose banks hold more than eight millions on deposit; a city who has given money so freely to herald her attractions, and to let the world know what she has and what North Carolina is, that she is admitted, above all others, to be the city that has done most to make our good state famous.

Our good state with nearly three million people exporting thirty millions of dollars in merchandise—importing only four millions; our state with nearly six thousand manufacturing plants, aggregating an investment of about two hundred and fifty-four million dollars; our state that from 1909 to 1914 led the Unit-

ed States in percentage of manufacturing increase, and yet eighty percent of her people are country people. The state that is bringing into unmistakable realization the Sociological hopes, aspirations, and determinations which have been so zealously nurtured by the medical profession.

The Deaf and Dumb in this good state have been provided for and are being educated along most modern lines.

The Blind Children have been given a new home and adequate fire protection. A law has been enacted making it compulsory for physicians and midwives to use remedies to prevent blindness in infants, and what is more, it is incorporated in the act that to neglect it establishes a liability to a damage suit.

The Insane have been treated generously and humanely, not only in a financial way, but methods that make for their safety, comfort and cure are being practiced as daily routine in our asylums. We, as physicians, would do well to recommend, however, that the superintendents of the insane give more attention to the prevention of insanity.

The Caswell School for the Feeble-Minded, a monument to the profession's influence and the state's foresight, is destined to do a great work. No institution has such sociological and economic potentialities. We should urge upon the governing bodies of this school, in conjunction with those of the Insane Asylums, to undertake to teach lawyers, judges and legislators what feeble-mindedness is; what relationship it bears to crime, failure, pauperism, prostitution, and insanity. Our educational system should have a more profound working knowledge of this subject. Mental hygiene and the management of backward, precocious and incorrigible children is the most neglected problem in education today. In the face of our educational progress, in the face of its rapid systematization there is yet waste; waste of time; waste of human power; waste of development. But waste's crown of waste in education today is the failure of educators to grasp the full meaning and management of the abnormal child. This child and its consequences is nothing more nor less than the future of humanity's horrors, and yet the state has so far failed to lay an educational foundation looking to this child's welfare. It is high time the physicians and educators of North Carolina were joining hands in the effort to intelligently cope with this most important problem. A law giving medical inspection to all school children is

one of the acts of our last legislature. Its enforcement is mandatory on the part of the child, parent, teacher and state. We, as physicians, owe it to preventive medicine, sociology, education and economics, to urge and teach the application of the Binet-Simon Intelligence tests to all abnormal children. Laggards in school; repeaters in school, incorrigibles, and the like, are just as much entitled to examinations of their minds as to examinations of their eyes, ears, throats, blood and feces. If we are really determined to educate all the children of all the people, we will not rest until the abnormal child is given that which is his due.

The Prison Reform Act passed by our recent legislature, makes the Board of Health sponsor for the hygienic and sanitary conditions of all prison institutions belonging to the state and counties—a long step forward in preventive medicine and sociology—one that means much to health and economics and morals. That all criminals are not prisoners and that all prisoners are not criminals is equally true. We can do humanity a service to develop a public sentiment that will give prisoners a chance. The environment of prison life needs to be changed in North Carolina. Good food, clean clothes, clean beds, hygienic surroundings, uplifting recreations and amusements are helpful, wholesome, civilizing, and will react creditably and alike on the prisoners and their governors.

A Bureau of Epidemiology has been created whereby quarantine can be standardized. The execution of this law is a responsibility placed on our Board of Health. It is every doctor's duty to give whole-hearted support to this law. It can not fail if the doctors respect it, nor can it succeed if they neglect it. Let me urge each County Society, as well as each physician in the state, to give this subject careful consideration and support.

The Physicians of North Carolina Can Assist in the Execution of the Act Providing for Co-Operative Rural Sanitation. This act conduces to the betterment of rural life, and as eighty percent of our people are rural, it behooves us to encourage all things that add to the comfort and attractiveness of country life.

The Act Carrying With it an Appropriation to Aid Villages and Country Homes in the Installation of Electric Lights and Water Works is a thing we, "Long have sought and mourned because we found it not." Tell the people about it, help them to avail themselves of it. Crime and thriftlessness thrive in darkness. Running water is the very chan-

nel of sanitation.

Doctor Rankin's Post-Graduate Plan, the plan that puts post-graduate work down to your very doors, has been taken as one of the extension courses by the University of the state. It has been tried out and found to be practical, economical, instructive. Give it your careful consideration—take advantage of it whenever you can.

The Attitude of the State to the Problem of Tuberculosis is evidenced by the construction of a Tuberculosis Sanatorium; by the appropriations of the General Assembly for its permanent improvement and maintenance; by appropriations for its extension work; by recent laws which are nothing more nor less than enabling acts permitting counties to build Sanatoria; by the various local Tuberculosis Societies in the state; by the intelligent co-operation, study and influence of the Women's Clubs; by the sale of Red Cross Seals; by private donations to the work; by the co-operation of the Metropolitan Life Insurance Company and by the probable fact that the Bell Telephone Company is soon to put up a building at Sanatorium to be used in co-operation with the state's Sanatorium. The purpose of the state's bureau of tuberculosis is prevention. Prevention can not come until the doctors as a whole, become habitually proficient in the routine

practice of diagnosing tuberculosis in its incipency. They must come to the conviction that a diagnosis of tuberculosis should be made before tubercle bacilli are found in the sputum; that a hemorrhage of the lungs means tuberculosis without exception; that a persistent subnormal temperature in the morning and a rise of temperature in the afternoon usually means tuberculosis; that a cough lasting three weeks suggests tuberculosis. Every case of tuberculosis that gets beyond the incipient stage is a reflection on the science of medicine. We can catch these cases in their incipency, and we must, if we do our part in the fight against this dread disease.

The Poor-Houses Are Crying Out to Medicine and to Sociology for Help. In many counties in the state, they are nothing more nor less than Gehennas of civilization. A survey of these places in the second Congressional District shows \$50,000 invested in poor-house properties. Although it spent \$28,000 on maintenance during 1915, not a poor-house in the district possessed a thought for the treatment of disease, accommodations for the sick, or consideration for the necessary comforts of life.

An individual comparative and composite study of county poor-houses in the First Congressional District of North Carolina, made in 1915:

An Individual Comparative and Composite Study of County Poor houses in the First Congressional District of North Carolina. Made 1915.

COUNTIES	Population 1910 census	Property value	Maintenance	White males	White females	Col. males	Col. females	Total	Able to read	Aged	Diseased	Born in home	Epileptic	Tuberculosis	Feeble-minded	Service	Percent each county pay
Beaufort	30877	\$5500	\$2700 0	8	7	DK	DK	15	DK	15	DK	0	DK	DK	DK	Supt.	15.9
Camden	5640	2000	450 0	0	0	0	0	0	0	0	0	0	0	0	0	"	2.9
Chowan	11303	2500	1590 0	1	1	3	5	1	5	0	0	0	0	0	1	"	5.8
Currituck	7693		2500 dkdk	dk	dk	dk	dk	26	dk	dk	dk	0	dk	dk	dk		3.9
Dare	4841	550	935 dkdk	dk	dk	dk	dk	15	dk	dk	dk	0	dk	dk	dk		2.5
Gates	10455	2000	1046 0	2	3	5	10	0	2	10	1	0	0	0	8	Supt.	5.4
Hertford	15436	5500	2435 0	1	3	2	6	1	5	6	0	1	0	1	1	"	7.9
Hyde	8840	2500	1215 2	1	2	0	5	1	0	0	0	0	0	0	1	"	4.5
Martin	17797	5300	2100 1	3	3	2	9	0	3	9	0	0	0	0	5	"	9.2
Pasquotank	16693	5300	2174 5	3	5	4	17	6	6	3	0	2	0	6	"		8.6
Perquimans	11054	5325	2443 1	0	2	4	7	0	3	0	0	1	0	3	"		5.7
Pitt	36340	8750	6640 3	6	2	6	17	0	10	7	3	3	0	6	"		18.8
Tyrrell	5219	750	600 1	1		0	2	0	1	1	00	0	1	0	"		2.7
Washington	11062	2000	1200 2	0	2	1	5	2	0	2	0	0	0	2	"		5.7
Total	193250	47981	28028	15	26	30	27	139	11	50	38	4	7	1	33		99.

If these counties would group themselves into a community, build one home, divide the cost according to population, maintain farms, workshops, intelligent and humane management, the problem would be solved and at less money than is now wasted. The almshouse in many counties is a pest hole of poverty, a hid-

ing place for hopelessness, a slum for senility, an anathema against economics, a prayer for proficiency, and a crying charge of cruelty against a twentieth century civilization. They are places where:

"Hope goes by and peace goes by
And will not enter in;
Youth goes by and health goes by, ***
And love that is their kin.

Those within the house shed tears
Upon their bitter bread,
Some are old, some are mad,
And some are sick abed.

Gray death sees the wretched house
And even he goes by.
They have never lived, he says,
So they can wait to die."

The medical profession, if it wills it, can convert these places into Community Homes. It can arrange counties into groups and fix it so that one county in a group can care for all the paupers. A law is on the statute books providing for the plan. See Senate Bill 1377, dated March 8th, 1915. It only needs the head and heart of the state's profession to push it through.

The Question of State Wide Examining Boards is Agitating the Minds of Thoughtful Men Today. During the past few decades, numerous schools, systems, sciences, philosophies and the like have arisen for the treatment of disease. They are coming to the state from time to time asking leave to ply their trade. They do this of course so that the state will put the stamp of genuineness upon their calling, and also label them non-contraband. It is from these cults that the cry for Medical Freedom is heard constantly ringing in our ears. We do not hear it for plumbing freedom, or freedom of any other legally regulated occupation. No man is prohibited from working as a plumber, he is simply required to show his knowledge of and familiarity with the general principles and practice of that trade. Anybody will admit the wisdom and public policy of regulating the plumbing and other trades that touch property values, but when it comes to protecting human beings from incompetent meddlers we hear a deal about the sacredness of personal liberty. Yet no state pretends to dictate into whose hands the sick man shall commit himself. Nor does the state attempt to specify how the patient shall be ministered unto. It is but right and proper that no cult is required to diagnose or treat disease in ac-

cordance with the laws laid down by any other cult, but it should be required of all who minister to the sick, that they shall possess an adequate knowledge of the body, its structure, functions and pathology. The profession should begin to give this question serious thought not for its own sake so much as for the public good. Some states are consolidating the various boards of Examiners, Commissions, Bureaus, and Special Committees, which have from time to time been created by legislative power. For example, Illinois has recently passed a law creating a Department of Registration and Education which takes over the licensing of all professions, occupations and trades coming under state control. The principle on which the examining and licensing of physicians is based is essentially that the state regulation of the practice of medicine is an educational and not a sectarian function. The responsibility of the examining and licensing of physicians as well as all others who desire to treat the sick for compensation is relegated to the people who execute their responsibilities through the educational machinery of the state. Educational examiners, under the direction of the department of education prepare questions on subjects necessary to the knowledge of any school of healing. This does away with the necessity of special examining boards, and thereby recognizes the principle that all persons desiring the same rights and privileges must conform to the same educational standard. I would recommend that this Society give this question serious thought. The Boards of Medical Examiners like Boards of Plumbing Examiners are for the protection of the people and not for the protection of the profession or calling to which they are the gate-way.

Nearly one hundred years ago a wise man wrote:

"We are living, we are dwelling
In a grand and awful time;
In an age on ages telling,
To be living, is sublime."

When this was written, nothing was known of the telegraph, the wireless or the telephone. Regions of the human body that are now the abiding place of the surgeon had written over them, "All hope abandon ye who enter here." Plague, pestilence and famine decimated man. There were few churches, fewer schools, and not a public library in the United States. All the travel between New York and Boston was accommodated by two stage coaches. Twenty days was required for a letter to go from New York to Charles-

ton. Imprisonment for debt was a common practice. A North Carolinian anticipating a journey to New York made his will, bade good-bye to all his friends, never expecting to see them again. Persons who criticized the minister or his sermon were fined. Our national childhood toyed with the Thirteen States.

The march of man through the 19th century has waked magnificent ideas; humanitarian possibilities and miraculous discoveries such as the world never saw have come to be necessities. The world of our fathers is not our world. Out of the ashes of the past a new present is continuously being born. Standing on the threshold of tomorrow, we are faced by new problems that we must solve, new conditions that we must adapt ourselves to, new crises that we must meet.

The practice of medicine is keeping pace with the world's progress. Fulton's reduction of the ocean to a ferry; the annihilation of time and space by Morse, so far as conversation is concerned; the placing of the world on one's desk by Alexander Graham Bell and compelling it to listen; the practical operation of railroads and motor cars, making every man our neighbor; the probability that ere long we will leave the crowded highways and go coursing through the air on our usual rounds, is all very wonderful, but no less so than are the miracles daily wrought in the conquest of disease. The history of the art of medicine goes back almost to "where the memory of man runneth not," but the history of the science of medicine being less than fifty years old, will be written largely from diaries of the medical celebrities of today and of the future. The writings of the Physiologist and Chemist of a few years ago are referred to only because of their historical interest. The birth of the surgeon who governed himself by the lessons of Lord Lyster in 1875 was the death of the surgeon who refused to believe in germs. The Tubercle Bacillus was unknown in the seventies. Wasserman perfected his test for syphilis only ten years ago. The physiology of the ductless glands and their influence on pathology are all today's discoveries. The diagnosis of disease is becoming more and more a matter of physical auditing which records the assets and liabilities of the different parts of the human body.

The class "A" schools are clamoring for more time in which to train medical men, while their requirements as to preliminary education along with the four years course make it already incumbent upon the student to give from eight to ten

years of his life to the procuring of a preparation to practice. What does all this mean? If it means anything, it means that looking at the tongue, counting the pulse, palpitating the abdomen, listening at the chest through a vest and shirt and venturing a diagnosis on the information gained thereby is a thing of the past. Scientific medicine possesses scientific means by which to diagnose and treat disease. That the profession realizes it, goes without saying. The people realize it too; they realize what it means to a community not to have the equipment for the conquest of disease. What are we going to do about it, we in North Carolina, with a clientele eighty-two percent rural?

Social Insurance. If the medical profession in this good state were turned over to an efficiency engineer, with the intention of placing it on the most productive basis from every view point, there is no doubt but that in the preliminary analysis the following facts would have to be reckoned with. First, the state has a population almost entirely American, not hyphenated American, but American, eighty-two percent of which is rural. Of this people 70,000 are sick every day in the year. Its wage earners lose about nine days a year each from sickness. These facts naturally bring up the question of **Health Insurance**—a scheme which has added greatly to the longevity of Prussia's people. Germany has it, so has great Britain, Austria-Hungary, Norway, Serbia, Russia, Roumania, Holland, and other countries. The idea originated in Germany in 1883. England adopted it in 1911. The agitation of its adoption in the United States was begun by the American Association for Labor Legislation four years ago. Irving Fisher, professor of Political Economy at Yale, states that, "Germany's wonderful progress, her comparative freedom from poverty, her reduction in death rate, her advancement in hygiene, and the physical preparedness of her soldiery, are presumably due in considerable measures to Health Insurance. The American Association for Labor Legislation now claims for it the support of the State Medical Societies of New York, Pennsylvania, and Wisconsin. A commission for California reports favorably on the question."

Governor McCall of Massachusetts appointed a commission to study it, which commission unanimously approved the principle and recommended the compulsory form of health insurance—suggesting that it be supported two-fifths by the employer, two-fifths by the laborer, and one-fifth by the state. Since the Massa-

chusetts report was delivered, the American Federation of Labor has entered a plea for the scientific investigation of the whole subject by a National Commission of Experts. Legal enactments that meet the requirements of other states may not satisfy the wants of North Carolina, but it goes without saying that the question is deserving of this Society's serious attention. To appoint a committee for this purpose impresses me as the timely thing to do.

Group Practice. The practice of our profession is merging from the stage where the physician peddles his advice from house to house. The truth is, the physician himself, has, through the efforts of himself, developed a calling too big for himself. He cannot give the best the profession has unless he can arrange with conferees to do team work. The Internist has all that he can do and more to become proficient in his particular specialty; the same can be said of the Surgeon, the Roentgenologist, the Oculist, the Pathologist. Even the specialties are rapidly becoming sub-divided as evidenced by the Gynecologist, the Genito-Urinary Surgeon, the Brain Surgeon, the Abdominal Surgeon, the Neurologist and the like. We are all keenly aware that a considerable portion of our patients present problems we must solve in large part by guess work, that is, if we are denied an X-Ray plate, a Wasserman test, a blood, feces, stomach or urinary analysis. That medicine has progressed to the point where diagnosis can not be made in many cases except through the group method goes without saying. Therefore it behooves the profession, not only in cities, but in any place where two or more physicians can gather together, to do so with an eye view of giving the proficient service that can be had today and which any people have the right to expect and demand.

Hospitals. The third fact is, that Social Insurance, group practice, satisfactory diagnosis, operative surgery, and the intelligent treatment of disease can not be accomplished without the aid of hospitals. The X-Ray examinations, the chemical and physiological tests, the examination by experts in order to make a diagnosis is no more important than the study of the improvement or aggravation of symptoms at different times of the day under the influence of different diets, treatments, nursing and so on. This study demands the advantages found in a hospital and nowhere else can they be had except through prohibitive expense. That good surgery has been and can be

done in private homes, is admitted, but the discomfort, danger and expense incident to it makes it out of the question; besides the personal nerve wear to the surgeon who attempts it, amounts almost if not actually to a slow and painful suicide. The most significant fact in our present life says R. D. W. Connor in "An interpretation of the history of North Carolina during the year 1916" "is our increasing recognition of a fundamental change in our conceptions of the purposes the functions and the nature of a modern state."

The ideal state of our forefathers was one that touched the daily lives of its people at as few points as possible. The doctrine of "laissez faire" was dear to their hearts. For them the maxim that the best government is that which governs least was a political truth that admitted of no dispute. They would have the state do nothing for the individual which the individual could not do for himself. All this has been changed. Today we recognize the interests of the state, and the interest of its people as identical; and our maxim seems to be that the best government is that which best serves the greatest number of the common interests of its people. The ideal modern state therefore promotes education, protects its public health, cares for the unfortunate, constructs highways, assures the purity of the peoples food, inspects the farmer's fertilizer, demonstrates improved methods of agriculture, teaches lessons in cooking and housekeeping, and does a thousand and one other things that would have shocked the political ideals of our grandfathers. Acting on this principle which forced recognition of the people's need, the state of North Carolina passed an act in 1913 enabling counties to vote bond issues for county hospitals. Dr. Fletcher, your president for 1916, "parapassu" with an eloquent plea for community hospitals, brought this law to your attention. Your committee appointed to pass on Dr. Fletcher's address emphasized the need of community hospitals in their recommendations. Your Health Officers Association endorsed the law and emphasized the need of community hospitals from the standpoint of public health. Your last legislature amended the law so as to make it an enabling act for towns and townships as well as counties. The law gives equal rights to all and special privileges to none. It does not conflict with any man or set of men who desire to construct or operate private hospitals, on the contrary, it gives the owner of private hospitals the same

privileges that are accorded any other physicians in the community. The law deserves the study, the thought and endorsement of every physician in the state. It is the only way to give a hospital chance to all those licensed to treat disease and the only way to give all the diseases of all the people hospital treatment.

Secretary and Treasurer's Office Should be Merged. I cannot go further with this address without calling your attention to the fact that because of the growth of the Society along with the increase of its undertakings, the question of finance needs to be seriously considered. The multiplicity of stenographers because of our section form of program, the increase on the cost of getting out the transactions because of the rise in the price of paper, printing and labor, have greatly added to our expense. To merge the office of Secretary and Treasurer into one office would save money and simplify the work of the Society very much, therefore in my humble judgment, this merger should be made.

There is no Connected Record of Medicine in North Carolina. Is it not time to perfect one? History is the headlight by which we follow rightly the road of civilization, as it wends its way through the centuries of the past. It has chronicled correctly the struggles, achievements, and potent factors that go to make the state. It sings the songs, locates the legends, and finds the facts of pioneer days. It gives the strides in politics and the men and things that made them. It relates the record of legislation and of law, and shows that they have been always bound in the bondage of precedent, progressing only through the power of public opinion, which in its might, fought for and forced civilization's change. It sings of educational advancement which in modern times is made a mighty chorus by the lives of McIver, Aycock and Jarvis, along with the diaries of Joyner and the individual members of his glorious army. It indexes the evolution of religion from the days of the Puritans up to the hour when the Church accepted the challenge to make men fit for Heaven and Earth fit for men. It shows the press from year to year pushing a public opinion forward toward higher and finer things; teaching truth, crystallizing character, stimulating strength, making manhood, inventing industry, and persistently promulgating each and every idea that makes for a perfect civilization. The efforts accomplishments and ideals tell the story of our factories and farms, our municipalities and

our men, our morals and our might. Has medicine lent no influence to all this? Have the accomplishments of our profession been so nearly nil that they are not worth a place on history's page? Will not some medical man undertake as a labor of love to perfect a history of North Carolina medicine? Marshal Delancey Haywood in the North Carolina booklet has published most interesting data bearing on this subject. Dr. John Wesley Long has taken the tangled threads of record and has woven them into a most accurate, instructive, and delightful address illustrated by lantern slides and photographs of incidents and men which can be made the beginning of medicine's historic story. His records date from 1799 to 1805 and from 1849 to 1861. If any physician in North Carolina can supply the missing links from 1805 to 1849, let me urge him to do so, and in addition let me suggest that a historic commission be appointed at this meeting with instructions to procure all available data relating to the profession's past.

Medical Preparedness. Lastly in the name of patriotism and loyalty, let me remind you that even though we are unanimous in the conviction that the Government of this country has used every means consistent with wisdom, patience, humanitarianism, and self-respect to avoid conflict with belligerent nations, even though we have shared in the national sentiment and the national prayer, that ways and means might be devised, by which peace could be vouchsafed our people; we have in spite of ourselves nevertheless, been carried by an undertow, not of our making, into the turbulent waters of war. As a profession we are driven to the serious and immediate consideration of our preparedness. The council of national defense realizing this has appointed a committee of American physicians who are bending their energies to the perfection of an organization that will consummate ways and means by which and through which medicine can adequately meet the important responsibilities that the times demand. The National Committee has appointed State Committees throughout the length and breadth of our land. For North Carolina this committee consists of Drs. J. W. Long, H. A. Royster, C. O'H. Laughinghouse, Benj. K. Hayes, M. H. Biggs, M. H. Fletcher, David T. Tayloe, R. L. Gibbon, J. E. Stokes, J. M. Parrott, J. F. Highsmith, E. J. Wood, H. F. Long, S. H. Lyle, J. W. Banner—all of whom are members of the Medical Society of the State of North Carolina. This commit-

tee needs to select from every county in the state five or more physicians who are ready and willing to procure from their respective counties a definite number of medical men who will join the medical reserve corps, and who will organize into a County Auxiliary Medical Defense Committee. The hospitals of the state have been supplied with inventory forms, either by the Committee of American Physicians for Medical Preparedness or by the Council of National Defense. Let me urge all hospitals which have not thus far done so, to fill out the inventory forms and return them in accordance with the instructions printed upon the forms themselves. Every member of this society should give the state and the county auxiliary medical defense committees wholehearted co-operation, for upon individual assistance depends that perfection of organization and service, necessary to the safety of our country's present and future.

The ability of medicine today to conserve life and limb, prevent disease, death and pain, places greater obligations on the profession than ever before. For example, in 1898 a period of eight months, there were 20,926 cases of typhoid fever with 2,198 deaths, among a total of 147,795 regular and volunteer troupes. In five and one-half months of 1916, there were only 25 cases of typhoid fever with no deaths among a total of 170,000 regular troupes. Among the regulars who had been vaccinated against typhoid fever, within the past three years not a single one developed the disease. In 1898 there were several hundred deaths from dysentery. In 1916 there were only eight. Just across the line in Mexico, however, smallpox raged, as did typhus, typhoid, yellow fever, malaria and other communicable diseases. Where sanitary measures were enforced, disease was prevented. Mosquito netting used at night kept off yellow fever and malaria; wash tubs, soap, cleanliness, prevention of flies, filtered drinking water, the burial of excreta, eliminated infectious and contagious disease, while aseptic surgery hastened recovery and loomed large in the prevention of cripples and death. We are placed where we must give this subject the attention that is its due. We must consecrate ourselves to it, no matter what the sacrifice may be. In the great scheme of National Defense, we must keep the fair name of our Mistress Medicine free from the stain of shortage or inefficiency to mankind. We must not permit preventable diseases and injuries incident to war to decimate men or return them to

civil life broken in body, broken in health, broken in strength.

From the moment your kind suzerainty elevated me to the high office of President of this Society, I have been filled with appreciation and a realization of my responsibility to you, and I have kept before me ideals—ideals of perfection for the profession and its practice in the state. Ideals to convince North Carolinians that North Carolina medicine can adequately meet North Carolina's needs; ideals to standardize the state's hospitals, and to bring their proficiency to the attention of the profession in the state; ideals to encourage the proficient practice of modern medicine, modern surgery, and all branches of healing appertaining to both; ideals that will give medical men a clear cut vision of duty to themselves and to mankind. I am looking with confidence to the consummation of these ideals. So in conclusion, let me express the conviction that if we earnestly endeavor to give our part to the heaven which cements the amalgamation of all interests that make the great composite universal force for good. "Our dear old state will assume her rightful place in the march of civilization, and from the blue of the mountains to the blue of the sea, there will spring up a harder, holier race, not unlike the Giants that walked the earth when the sons of God mated with the daughters of men."

THE PATHOLOGY OF SYPHILIS.*

By J. E. S. Davidson, M. D., Dermatologist and Syphilologist, Mercy General Hospital, Charlotte, N. C.

No chapter in medicine more than pathology shows the tremendous progress made in the study of syphilis in recent years.

Less than twenty years ago our knowledge of the pathology of the condition was limited to a good deal of speculation and the histology of the definite syphilitic lesions. Many conditions that are now directly known to be syphilitic, were then linked with syphilis, only because of masterly clinical deductions. By contrasting the arguments then brought forward and those pathology puts at our disposal now, we get an idea of the gap that was bridged over. Now the spirochete has been demonstrated in and recovered from the central nervous system of the tabetics and paretics, and pathology supplies us with uncontrovertible evidence.

*Read before the North Carolina Medical Society at Asheville, April 17, 1917.

We now have, even if the problems that still confront us remain many and complex, a sufficient conception of the general pathology of syphilis, and this general conception is the rationale of our present-day treatment.

Syphilis is generally termed a "constitutional infection." It would be more accurate to say that it is a disease resulting from disseminated metastases and Multiple separate foci. It is not "constitutional" in the sense of the word as applied to gout and diabetes, for instance. The changes that exist in the blood during syphilis are due to the presence of the metastases, and only likely disappear when the morbid foci become really extinct. Colonization, with subsequent more or less complete regression and outbursts originating from time to time in spirochetal remnants, is about as accurate a description of the pathological mechanism of syphilis as may be given in a few words.

The spirochete gains entrance into the body through a break in the epidermis. It may be deposited directly into the blood-stream, as in the case of surgeons cutting themselves during an operation, or as a result of blood-transfusion, when proper safeguards as to the donor have not been taken. But this direct blood inoculation is uncommon when compared with the number of cases when spirochetes are deposited in the lymph spaces of the corium of the skin or mucosa. From the inter-epithelial lymph spaces they reach the peri-vascular lymph spaces, where they multiply.

The result of this invasion and the reaction of the surrounding tissues is the lesion commonly known as chancre.

Naturally the infiltration in time spreads around the site of the inoculation. The microscopical connective tissue begin long before the macroscopical development of the chancre; in fact they start as soon as inoculation takes place, and they keep progressing during the whole length of the first incubation period.

Let us incidentally remark that mixed infection, which thus alters the gross pathology of chancre, is a very frequent occurrence. The more we know about syphilis the less frequent pure chancroid seems to become. Many lesions that formerly would have been unhesitatingly classified as chancroidal, are now shown to be syphilitic by the finding of the spirochetes. The diagnostic rule based on gross pathology, namely, that chancre is a new growth, and chancroid an ulcer, does not hold good any longer, macro-

scopically, the chancre may be just a papule, a superficial erosion. What is responsible for these variations is not easy to state definitely, but undoubtedly they result from the action of one or several of the factors which, as we shall see later, are constantly modifying the anatomical evolution of syphilis, such as the number of spirochetes, possibly their virulence, their strain, and the defensive reaction of the tissues.

From the point of inoculation, infection spreads forth to all tissues of the body. The propagation takes place first through the lymph stream; once the lymph glands have been passed, the whole lymph stream is infected and of course, the blood stream. Generally speaking the spirochete is a lymph organism, but the first generalization takes place through the blood stream. This also takes place very early, long before the secondary outburst, which was formerly considered as heralding it in. Hoffman found spirochetes in the blood during the development of the chancre. In a case of Welhselmann, the patient committed suicide when the diagnosis of chancre was made by a dark ground illumination examination, and the spirochete was already present in the cerebro-spinal fluid, which is supposed to the least accessible part of the body for the spirochete.

The blood stream carries the spirochete to all the tissues of the body it reaches directly, that is, to every tissue and every normal fluid. But it does not follow that active lesions will result in all organs. The invasion may be likened to the first big rush of an army which sweeps everything in its advance, but has not had time to consolidate its positions.

The spirochete has now reached the maximum extent of its domain. From now on it will meet with increased resistance from the defensive processes of the body, and probably also from treatment.

The result of the conflict waged in the body between the invading host and the organic defense, depends of course on the respective strength of the two elements. If the resistance is sufficient and aided by energetic and early treatment, complete eradication of the spirochete is possible.

Consideration of the virulence and the special affinities of the spirochete brings up the question of strains. By strain is understood a "member of the same species possessing some certain minor characteristics peculiar to itself." There are many clinical reasons to admit the existence of spirochetal strains. Thus, for instance, tabes is unknown in countries where skin and visceral syphilis is very

prevalent. Practically speaking, the chances are that there are several strains of spirochete.

But despite this variety, the fundamental histological lesion of syphilis is essentially the same, whenever and wherever found.

After this very brief resume of the general conception of syphilis, and of the general histology of the disease, we have to consider the various lesions of the different organs. From what has been said, it is plain that the vascular system is the one most affected in lues, even more, the one **through which all others become affected**. The part played by syphilis in the etiology of cardio-vascular disease, is becoming more and more prominent every day. The statistics of insurance companies show that the mortality from cardio-vascular disease is more than double in syphilitics, than in non-syphilitics.

It goes without saying that all of the vascular system may be affected by the spirochetes; however it is claimed that the arteries are particularly liable to damage. In fact syphilitic arteritis has received a great deal of attention while syphilitic conditions of the veins are hardly mentioned. It may be that the veins are not as frequently affected as the arteries on account of the lesser strain they are normally submitted to, but the difference may be only apparent, and due to the fact that diseases of the arteries compel much more clinical attention than a similar condition in a vein.

The heart is also frequently involved in syphilis. All tissues may be affected, either by hyperplastic infiltration, or gummatous formation.

Thus pathology teaches us the enormous importance of syphilis in the development of **cardio-vascular disease**. No diagnosis of the latter is complete or treatment is rationally grounded until the presence or absence of syphilis has been ascertained.

Fully as frequent and as important is syphilitic involvement of the **nervous system**. The vascular system is so often affected, because at all times it bears the brunt of the attack of the infection; the nervous system is so often affected owing to its liability to sensitization, and because of an anatomical disposition that greatly favors the maintenance of a spirochetal focus all along the central nervous organs.

Next in frequency and importance are syphilitic lesions of the **digestive tract**. Many of these lesions are evidently syphilitic and have been recognized as such for a long time, but many others are of

a mooted nature and at first sight might not look specific. However it seems that pathology bids fair to repeat along the digestive tract what it has done in diseases of the vascular and nervous system.

The liver is frequently attacked by syphilis. It may even be the seat of severe lesions during the secondary period. The catarrhal lesions, analagous to those of the skin, which not infrequently cause jaundice, may lead to severe parenchymatous destruction, even to acute yellow atrophy.

It is natural that the **organs of elimination** should be involved in syphilis. The kidney is often affected in later as well as in early stages.

We now have to consider syphilis of the **locomotor organs**, particularly of the bones. These rank among the best known and most characteristic syphilitic conditions. Syphilis of the bones therefore is very painful and destructive; it often leads to disfiguring and tell-tale deformities.

In the **respiratory tract** syphilis is not very common, the lesions created in the upper air passages being better known than those of the lung.

Eye lesions are also common in hereditary syphilis; in acquired syphilis, besides a few cases of keratitis, we chiefly have to be concerned with iritis.

There now remains a group of lesions which bid fair to be very interesting but about which our knowledge is still sadly deficient. I refer to syphilis of the **internal secretion glands, pancreas, thyroid, suprarenal**. How great a part syphilis plays in the production of metabolic disorders, due to morbid changes in these glands just begins to be dimly foreseen!

After this, of necessity, very cursory summary of the pathology of syphilis, one cannot fail to be impressed by the tremendous expansion its domain has taken in all directions since we have had such adequate laboratories. A few years ago a great many said Fournier was far too radical and that he answered syphilis whatever might be the nature of the case shown to him. And now we find that Fournier was right whenever he said syphilis and that if he erred, it was because he did not say it often enough.

Bearing all those things in mind, and remembering the ubiquity of the spirochete will enable the practitioner to score a therapeutic triumph in many a baffling case.

Sir William Osler has most appropriately said, "Know syphilis in all its manifestations and relations, and all other things clinical shall be added unto you."

THE EVOLUTION OF MEDICINE.*

By John Q. Myers, M. D., Tranquil Park Sanitarium, Charlotte, N. C.

Mr. President, Gentlemen of the Faculty, and Members of the University Medical Society:

I thank you sincerely for the courtesy which has afforded me the opportunity of being with you this evening; and am deeply sensible of the compliment paid me through your chairman in extending me the invitation. You all doubtless know that I am not a trained speaker, so I will have to refer to my notes.

When one stands before the cage of the curious African pigmies exhibited in this country on every hand and looks with a shudder of horror at the uncanny likeness to human form, he is loth to admit the popular conception of the word "Evolution" and say these are like my forbears. The word, however, means "The unfolding of a series of events in logical sequence." In other words, it is the very opposite of "Revolution."

While a full and complete history of medicine must include some revolutions, yet we are proud to boast that in the main the history of medicine is, like the history of man and all the rest of the great Creator's products, really the "Evolution of Medicine." In fact, the most inviolable law of all nature is and always will be "the survival of the fittest." None can gainsay this. To it there are in the whole realm of nature no exceptions. In the whole study of nature and the plans of Nature's God, it is indeed the one obvious thing that we shall grow with each day and generation more perfect until we are ready for the "Perfect Day," when all error and darkness shall be banished forever. Evolution! Indeed there can be no more sublime and satisfying thought or conception of the Divine plan than this very scheme of getting better all the while.

The Evolution and the History of Medicine, then, we claim are really synonymous. The History of Medicine, or the Evolution of Medicine, is synchronous with the history of man, or the evolution of man. We choose to make the term medicine in its broad sense to mean any effort of man to relieve the suffering of man and indeed of all living beings.

Hence, "the Art of Medicine" began with man's first suffering. It originated in the inherent and subconscious impulse of man, like all life, to preserve himself and perpetuate the species. You who are naturalists (and every one should be) have noted how instinctively the wild animals about you, when afflicted in some

way, will seek some helpful herb or grass, how the dog will lick a sore, and, too, how one will minister to the relief of another.

With man, into whose nostrils had been breathed the "breath of life,"—"a living soul,"—"a divine intelligence," this inherent impulse to relieve suffering has grown from the crudest acts of primeval man to the systematized, specialized, complex "science of medical art" in this intense present day civilization. A retrospective view of this evolution is not only intensely interesting, but helpful as well, in that it gives us clearer reason for the faith that is within us. The days of empiricism are passing away and we are more and more wanting to know "why." Many "whys" of the medical student, young or old, can be best answered by turning back and dissecting out and following up the theories, ideas and dogmas of historic times which lead up to those very questions.

One of the oldest books in medical literature with which we are familiar, or to which we can readily refer, is the Bible. It is replete with medicine in its every phase, but so obscurely told we fail to grasp its significance or teaching, the Jewish idea of pathology and etiology being very meagre. For curiosity, entertainment and a wealth of information, let us review the "Medicine of Biblical Days."

Hebrew medicine, both in the Old and New Testament, was a matter belonging principally to the priestly class, the priests caring for both private ailments and public hygiene. This was but natural, since all disease was regarded as sent by Jehovah, mostly in punishment for sin; for the Jews had no knowledge of those changes in the tissues of the body which constitute disease. God called himself the Physician of the people (Ex. XV. 26), and so the assumption of the office of physician by the priest was eminently proper. There were some physicians, however, who were not priests.

It would be an interesting thing to know just what the first disease was and when it occurred. We know that there are no people so primitive, no matter how close they may be to beneficent nature, that are free from disease, and hence it may be reasonably supposed that sickness began very soon after the expulsion of our common ancestors from the Garden. Surgery arose first of all when the Lord put Adam in a deep sleep, resected a rib and therefrom made a woman. The deep sleep and resection have been done thousands of times since, but the latter

part of the operation has never been successfully repeated.

Among diseases threatened for disobedience were the plague, boils, fever, sterility, jaundice, ulcers, itch, insanity, blindness, and leprosy.

The following maladies are mentioned in the Bible: (1) **Fever and ague** (Leviticus 26:16); (2) **Dysentery** (Acts 28:8), with probably **prolapsus ani** as in the case of Jehoram (2 Chron. 21:15, 19); (3) **Inflammation of the eyes**, due to heat, night dews, sea breeze, flying sand, injuries, etc., which was often followed by blindness (Leviticus 19:14; Deut. 27:18; Matt. 12:22, etc.); while congenital blindness is spoken of, as in the case of the man whom our Lord healed, who had been blind from his mother's womb (John 9:1); (4) **Disease of the Liver**; (5) **Hypochondria**; (6) **Hysteria**; (7) **Rheumatism and Gout**, for the cure of which many resorted to the pool of Bethesda (John 5:2, 3). Today people go to "hot springs" mud baths, etc., for the same cure.

(8) **Consumption**, general term, including hectic, typhoid, and other fevers (Lev. 26:16; Deut. 28:22, etc.); (9) **Phthisis** (?) indicated by leanness (Isa. 10:16); these last two being punishments for the misuse of the corporal blessings of God. Today all authorities class them as preventable—if so, why may we not admit them punishments for the misuse of the corporeal blessings of God, or, as we would phrase it today, the effects of the disobedience to the laws of nature, of hygiene, sanitation and body care. The fundamental meaning is just the same. (10) **Atrophy of muscles**, "withered hand," being due either to rheumatism, plugging up the main artery of the limb, or paralysis of the principal nerve, etc. (Matt. 12:10; 1 Kings 13:4, 6, etc.); (11) **Fevers** in general (Matt. 8:14); (12) **Pestilence** (Deut. 32:24); (13) **Oriental pest**, the so-called "bubon-pest," a disease propagated through a miasm, a form of typhus fever of the Nile lands raging especially in warm, damp, thickly peopled deltas, characterized by swelling in the groins, armpits, knee joints, and neck, with petchial spots on the body; often fatal before the end of the second day, though most die between the third and sixth, before appearance of boils: it has prodromal symptoms, is accompanied with fever and delirium, and is very fatal (Lev. 26:25; Deut. 28:21, 21, 27, 60, etc.). The "Emerodes" spoken of in 1 Sam. 5:6, etc., are thought by some to be the plague, by others, the bites of a poisonous insect, hemorrhoids or dysentery. (14) **Boils** (2 Kings 20:7, etc.); (15) **Sunstroke** (2

Kings 4:19); (16) **Gonorrhea** (Lev. 15:2); (17) **Meterorrhagia**, or uterine hemorrhage (Lev. 25; Luke 8:43, etc.); (18) **Sterility** (Gen. 20:18, etc.); (19) **Asa's foot disease**, either, oedema, or gout (2 Chron. 16:12); (20) **Elephantiasis** (Job. 2:7); (21) **Dropsy** (Luke 14:2); (22) **Cancer** (2 Tim. 2:17); (23) **Worms**; (24) **Leprosy**; (25) Other varieties of skin disease, as the itch, which rendered its victim unfit for the priesthood (Deut. 28:27); (26) **Appoplexy**, as in the case of Nabal (1 Sam. 25:37, etc.); (27) **Lethargy** (Gen. 2:21; 1 Sam. 26:12); (28) **Paralysis palsy** (Matt. 4:24, etc.); (29) **Epilepsy**, the so-called possession of devils (Matt. 4:24); (30) **Melancholia, madness**, (Deut. 28:28) David's case (1 Sam. 21:15, supposed by some not to have been assumed, but a passing mental affection due to his nervous strain. The case mentioned in Dan. 4:33 was the madness of self-delusion in regard to identity, of which there have been similar cases placed on record. (31) **Nervous Exhaustion** is supposed to have been the trouble with Timothy, causing his stomach disorder, for which Paul gave the most excellent prescription, "a little wine," (1 Tim. 5:23); this was the usual treatment in those days, and some doubt if the custom has become entirely obsolete today. (32) **Miscarriage from a blow** (Exod. 21:22). (33) **Boils and Blains**, which may have been phlegmonous, or common erysipelas, (Exod. 9:9). (34) **Gangrene** and mortification, quite common in those countries (2 Tim. 2:17). (35) **Poisoning by arrows** (Job 6:4). (36) **Poison from snake bites** (Deut. 32:24). (37) **Scorpions and centipedes** (Rev. 9:5-10). (37) **Old Age**, as described in Ecc. 12.

As it was considered and declared pollution to touch a dead body, of course the Jews had no means of studying anatomy and pathology. Yet, the rules of hygiene were carefully laid down and many of them were most excellent, as that of circumcision, which not only marked the Jew as a Jew, but was cleanly and preventive of many grievous maladies. Minute directions were given for the segregation of lepers, isolation of the sick and the treatment of vessels used by them; what food should be eaten, and the manner of slaying caattle. The marriage of relations was interdicted, thus preserving the vigor of the race. In regard to surgery, we read of two operations only, circumcision (Lev. 12:3) and castration (Matt. 19:12). Of **Obstetrics** we know that midwives were employed, as they are mentioned in Moses' time; that what was called a 'bearing stool' was used;

that the women were prolific; and that they had some knowledge of the lochia.

"Pregnancy was said by the Talmud to last from 270 to 273 days (now reckoned at from 280 to 300 days), and to be unrecognizable before the fourth month. It was thought that an eighth-months child could not live—a popular idea at the present time, but false."

Therapeutics.—Besides certain drugs, magic was employed. Anything that a patient specially craved to eat was given. Other dietetic rules were, before the fortieth year, eat more, after that, drink more; after meals eat salt; after wine, take water; not too much working, walking, sleeping, loving or drinking; regular stool; frequent baths, anointings, and washings. They gave onions for worms, wine and pepper against stomach disorders, milk drawn directly from the udder of a goat for dysnoea, emetics for nausea, a mixture of gum, alum, and crocus for menorrhagia, the liver of a dog for the bite of a mad dog; injections of turpentine for stone in the bladder, etc.

Consequent upon the successive destructions of Jerusalem, and the carrying away of the people into captivity, the Rabbis were brought in contact with the medical thought of other peoples; hence, their ideas were modified, and here we find entering in the influence of the Greek school.

The origin of medicine among the people of ancient Egypt is enveloped in profound obscurity and mingled with a multitude of fables. It embraces an indefinite lapse of time, during which medical knowledge was a chaotic collection of experimental notions, vaguely described and disfigured by various mythical persons and traditions, and these same conditions indeed must have existed among all other early nations.

Here, the heads of families and chiefs of tribes were first the physicians. Later, the priesthood succeeded them, until finally necessity and greater knowledge produced a definite class of physicians, confining their work to the practice of medicine and surgery. Egypt was a magnificent country for the medical man. Disease was rampant, remuneration for medical services was great, and, socially, physicians along with priests ranked next to the king. It is no wonder that doctors multiplied and overran the country, becoming so great in number that each was allowed to treat disease of one part of the body only. At least, somewhat analogous to the present day ultra specialization. The science of medicine evidently progressed rapidly, as may be supposed by

their knowledge of antiseptics used in embalming the dead. It is certainly a peculiar thing though that no record has been found of their use of antiseptics upon the living.

The Chinese attribute the origin of medicine to one of their emperors, named Hoom-ti, who reigned B. C. 2687. In his book, still a medical authority in parts of China, he asserts that two principles, heat and moisture, give rise to infinitely varying earthly phenomena, also health and diseases, life and death. By the pulse they not only showed the seat of disease, but also its duration and gravity. At the first visit the physician gave his medicine and always collected his fees (a foretaste indeed of the doctors' millennial days). According to their belief, the blood starts the circulation at three o'clock in the morning and takes exactly twenty-four hours to pass through the body. In some things, however, they possessed fairly accurate knowledge based on clinical observation, as, for example, vaccination against small pox was practiced in China long years before Jenner's discovery. Because of their absolute lack of anatomical knowledge, surgery never passed its infancy.

Of all early Greek physicians, Esculapius was most eminent. He performed wonderful cures, even to raising the dead. Indeed, Pluto, God of Hell, alarmed to see the number of new arrivals diminishing day by day, complained to Jupiter, who promptly removed the physician to the abode of the Gods. For fear of a similar thing happening, no doctor has since raised the dead, says the author.

While we could continue almost indefinitely relating the humorous and ludicrous customs and superstitions of ancient times, we must halt and uncover our heads to the great father of medicine, Hippocrates, from whose time really dates all of modern medicine. A Greek, at a time when Greece was foremost in the world of civilization and culture (from 460 to 360 B. C.), Hippocrates was indeed a most wonderful man, and it was indeed a giant mind that could really revolutionize all pre-existing customs and set standards in the medical profession that today have not been raised. The Hippocratic oath ascribed to him as its author is a gem in the literature of the medical profession; we should all be familiar with it, and I am going to take the time to quote this to you in the universally accepted translation. It was a solemn engagement entered into in ancient times by young men beginning the practice of medicine. It is as follows: "I swear by

Apollo, the physician, by Aesculapius, by Hygeia, Panacea, and all the gods and goddesses that, according to my ability and judgment, I will keep this oath and stipulation; to reckon him who teaches me this art equally dear to me with my parents; to share my substance with him, and relieve his necessities if required; to look upon his offspring upon the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture and every other mode of instruction, I will impart a knowledge of this art to my own sons, to those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to no others. I will follow that system of regimen (not regime), which according to my best judgment, I consider best for my patients, and abstain from whatever is injurious. I will give no deadly medicine to any one if asked, nor suggest any such council. Furthermore, I will not give to a woman an instrument to procure abortion. With purity and holiness will I pass my life and practice my art. Into whatever house I enter I will go for the advantage of the sick, and will abstain from every voluntary act of mischief and corruption, and, further, from the seduction of females or males, bond or free. Whatever in connection with it, I may see or hear, I will not divulge, holding that all such things should be kept secret. While I continue to keep this oath inviolate, may it be granted me to enjoy life and the practice of my art, respected always by all men; but should I break through and violate this oath, may the reverse be my lot."

This oath has not always been administered to practitioners in modern times (though something equivalent to it was used in the middle ages), but every honorable and right minded physician governs his private and professional life by its noble principles. It is the oldest and one of the best of the codes of medical ethics. Thus placed on an exalted and altruistic plane, the science of medicine really began a continuous evolution up to the present day.

Yet really only within the memory of persons now living did the most marvelous evolution begin. With the advent of the microscope, of vaccine, of antiseptics, local antiseptics and antitoxines, and finally the X-Ray, did the science grow with gigantic leaps and bounds, until now that is done every day hundreds of times, which formerly was absolutely impossible.

When the microscope reveals the specific cause of a given disease, that very moment brilliant minds set themselves to the task of finding the cure. Even a short time ago, when I was a medical student, we thought surgery was setting the pace and advancing much more rapidly than therapeutics, little dreaming that so soon therapeutic results by the use of antitoxines and vaccines and sanitation which opens the gate to the field of future medicine would be accomplished that eclipse all the surgery of all times, in the magnitude of relief to humanity. Small pox, yellow fever, typhoid, plague, etc., once the scourge of human life are being completely stamped out. So, tuberculosis, syphilis, and many others are closely following until we hope that even in this present generation these things shall be no more.

Modern life is complex: Every profession and every calling has its specific duty to perform. Whether the medical profession shall continue to play nobly its large part in the social drama depends upon the general practitioner. The hope of the profession rests with him. But there is a price to pay the age for high respect. That price to the medical profession is nothing less than the fulfillment of its therapeutic promise and the realization of its surgical opportunity. That opportunity is golden; for, with the wonderful improvements in technique, the field of emergency surgery especially, that is to say the indication for immediate intervention, has been remarkably broadened and the time finds the public singularly favorable to that form of relief.

The professional spirit and his conscience, make it incumbent upon the physician to know and act. This he must do or drop to the rear in the march of progress, which does not halt for the timid or unwilling.

The task imposed is heavy, the responsibility is large. Quit ye like men, be strong, and the world will not be disappointed, neither will it disappoint you.

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*Address delivered at the University of North Carolina, Chapel Hill, N. C., March 17, 1917.

Children in War Time.

Washington, April 10.—Thousands of children besides war orphans and refugees have been directly affected by the war, according to reports from belligerent countries which have come to the Children's Bureau of the U. S. Department of Labor. Juvenile delinquency has increased, more children have been employed under adverse conditions, special measures have been necessary to protect the health of mothers and babies, and home life has been broken up by the increased employment of mothers.

The Bureau believes that the experience of other countries should be carefully considered in order that all possible provision may be made to prevent similar harm to children in the United States. The Bureau has therefore begun a brief review of foreign experience, in so far as it can be understood from available reports, and will shortly publish a series of special articles about children in war time.

A preliminary survey of the foreign material emphasizes the importance of a strict enforcement of all child-labor and school-attendance laws and a generous development of infant-welfare work by public and private agencies. The Children's Bureau suggests that a well-planned Baby Week will be more valuable this year than ever before and will gladly send its bulletin of directions for Baby-Week Campaigns to any address.

To those who are especially interested in working children, the Bureau's new report on the Employment-Certificate System in New York State will show certain points which are essential if an age limit for children's work is to be effective.

Rational Treatment of Bowel Inertia.

There is probably no one class of drugs that has been subject to such great abuse as the laxatives. So routinely and promiscuously have remedies to increase bowel activity been prescribed that the American people have been dubbed a "nation of physic devotees."

It is indeed unfortunate that cathartics and laxatives have been thus employed with so little "rhyme or reason." The harm that has been done is only too apparent in the countless sufferers who never have a natural bowel evacuation.

Happily a good many physicians are awakening to the desirability of directing their treatment of bowel inertia and torpidity toward rational stimulation of the physiologic functions of the intestinal tract. The results obtained point so conclusively to the wisdom of this line of treatment that the older measures which depend for their effects on irritation of the intestinal mucosa or nervous mechanism of the bowel, or both, are rapidly becoming obsolete.

Among the remedies that act by correcting insufficiency of the physiologic processes of the bowels, Prunoids undoubtedly enjoy greatest popularity. The action of this true activator of intestinal functions is prompt and decided, but what is especially noteworthy, this action is without griping or any other disagreeable effects. Reactionary constipation does not follow, and unlike so many other laxative measures, Prunoids do not require continuous use in constantly increasing dosage. In fact, owing to the effect of Prunoids on the fecal mass, whereby shrinkage in size and loss of moisture are prevented, the physical conditions which promote and favor intestinal peristalsis are promptly restored. As a consequence, the functional activity of the bowels produced by Prunoids shows remarkable persistence, and a dose on two or three consecutive nights is often followed by evacuations of a most satisfying character, for several days.

It is this tendency of Prunoids—not only to produce one or more movements following each dose, but to promote physiologic regularity of the bowels—that makes this remedy so much superior to "salts," or the laxative measures commonly employed. In simple words, the use of Prunoids means the rational treatment of bowel inertia—the activation of physiologic functions.

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SIXTY-FOURTH ANNUAL SESSION MEDICAL SOCIETY OF NORTH CAROLINA.

The sixty-fourth annual meeting of the Medical Society of the State of North Carolina was held in Asheville, N. C., April 17-19, 1917, under the Presidency of Dr. Charles O'Hagan Laughinghouse; Dr. Benj. K. Hayes, Secretary.

The world famous Battery Park Hotel was headquarters and in ministering to the four hundred guests present more than maintained its well established reputation for being one of the Nation's choice places of comfort to the traveler beyond his home preserves.

Dr. Jos. B. Green, Asheville, called the session in order. Rev. Willis Clark invoked, being followed by Commissioner D. Hiden Ramsay who delivered a most gracious welcome. Our own Dr. Cyrus Thompson responded with accustomed gratification to his auditors.

Dr. Laughinghouse delivered the address which was a masterpiece in the class of President's Addresses. He held the rapt attention of the audience for more than an hour, and the older members of the Society pronounced it one of the most perfect addresses ever delivered to the organization.

Following the presidential address and its reference to an appropriate committee, the Society met in sections for the two following days with very satisfactory results. The number of papers read was large, and of fine character, while the discussions were keen, a trifle sharp at times, but always indicative of the idea that most of the papers were abreast of modern thought and the essayists and respondents in the main, fully conversant with their themes.

A paper by Dr. J. R. Gerstley, Chicago, on "Tuberculosis in Children," was of very high order, and its discussion by three of our state's best known authorities, Drs. C. L. Minor, Thompson Frazier, and L. W. Elias, all of Asheville, rendered it one of the noteworthy contributions to the many excellences of the session. Dr. J. B. Green's paper on "Health Insurance" was timely and afforded an opportunity to take note of what is passing in the outside world relative to this vital question which sooner or later, must be considered by the North

Carolina profession.

The address of Dr. J. W. Long, Greensboro, on "The Early History of the Medical Profession in North Carolina," was a carefully prepared paper evincing most thoughtful and painstaking investigation, copiously illustrated with lantern slide pictures and listened to with most appreciative interest by one of the largest audiences given any speaker during the session. It afforded additional information relative to, and evidence of, the existence of the organization of the physicians of North Carolina more than a century ago as was stated by Dr. J. Howell Way, in his president's address in 1908. Dr. Long in his studies of our early history has done the profession a distinct service, and many expressions of appreciation were heard of his faithful study. A resolution of thanks was given him, and following the suggestion of President Laughinghouse, an historical committee appointed to farther develop a knowledge of early North Carolina medical history.

Dr. Geo. W. Crile, Cleveland, O., an invited guest, delivered a most instructive lecture on Goitre, and Border-Line Problems in Medicine, after which he took occasion to briefly address the society on the vital importance of the profession doing its share in the work of standing squarely by the national government in the momentous problems connected with the war.

The Conjoint session of the Society and State Board of Health at noon on Wednesday was a well attended session. The report of the secretary, Dr. W. S. Rankin, briefly reviewed the work of the State Board of Health in the past year, outlined some added work for the near future, referred appreciatively to the liberal support public health measures were receiving both from the North Carolina Legislators and the people as well as the profession, and spoke hopefully of securing new legislation relative to the sale of secret medicines.

Announcement was also made of the appointment by Gov. T. W. Bickett of Dr. J. Howell Way to succeed himself as member of the State Board of Health and also of the appointment of Dr. E. C. Register, Charlotte, to succeed Dr. W. O. Spencer as member of the Board. The Con-Joint session then proceeded to unanimously re-elect Drs. Thos. E. Anderson and Chas. J. O'H. Laughinghouse, to succeed themselves as members of the State Board of Health for terms of six years.

The Board elected Dr. J. Howell Way to succeed himself as President of the Board. Following the Secretary's report

and the election of members of the Board, the Conjoint session considered the subject of "Medical Preparedness" in relation to the duties and activities of the medical profession in the war now going on with Germany. Dr. Way presented the subject in a brief patriotic utterance, and introduced Dr. J. W. Long, Chairman of the North Carolina Committee of National Defense, who delivered an instructive address on medical men and their duty to the country at this hour. Dr. A. W. Knox, an honored ex-President, followed with a stirring address emphasizing the imperative duty of every medical man, be he surgeon physician, or specialist, lending his helping hand in this our hour of national peril, stressing the sentiment that efficiency and capacity to serve was in no wise restricted by legal age limitations.

Dr. Eugene B. Glenn, himself a soldier in the N. C. N. G. for 20 years past, spoke eloquently of the profession's duty and opportunity. Dr. John T. Burrus and others also discussed the situation. The Con-joint Session then adopted unanimously a resolution pledging the members of the North Carolina Medical Society to perform their full duty to the Nation, and endorsing the actions of President Wilson and Congress in their stand for the Nation's honor.

Dr. J. W. Long, assisted by several other officers of the Medical Section, Officers' Reserve Corps, U. S. A., kept open office during the sessions of the Society for the purpose of securing enlistments in the Officers' Reserve from among the members in attendance, and a number were examined and certified to the Federal Government at Washington for commissions. The full list will be given in a later issue of The Journal. On the suggestion of the presiding officer, the Conjoint session adopted resolutions of regret at the absence of two honored members of the Board and Ex-Presidents of the Society, Drs. R. H. Lewis and E. C. Register, and expressed the hope of their early restoration to health and activity.

The Memorial meeting Wednesday evening was well attended and beautiful tributes to deceased members were presented by the Obituary Committee and others. A particularly elaborate review of the life and character of the late Dr. H. T. Bahnson, Winston-Salem, N. C., prepared at the request of the family and several physicians, by Dr. R. H. Lewis, was in his absence, read by Dr. A. W. Knox. On motion a resolution was also adopted reciting the belief that the attainments of Dr. Bahnson, his lifelong de-

votion to the best interests of the people and the profession, made the perpetuating of his memory by the placing of his portrait in the State Library at Raleigh most appropriate.

The valuable illustrated paper of Dr. Jno. T. Burrus, High Point, on the 106 hospitals of North Carolina, was of much interest, and helpful to an extent. It resulted in a resolution being adopted by the Society suggesting the taking of steps to standardize North Carolina hospitals with a view to making possible various betterments.

Of many other admirable papers, special mention may not be made, suffice to say, the 1917 session of the Medical Society of North Carolina, scientifically considered will take the very highest rank among the successful meetings of this fine old aggregation of princely Aesculapins, and every man contributing to its success, either by paper, discussion or presence, will have a most pleasing recollection as time fleets of a great meeting of a great profession.

With genuine Asheville hospitality the local profession provided divertisement opportunities appropriate and withal elaborate, yet so delicately was this feature of the session managed that no complaint was heard of the taking of unnecessary time from the substantial work of the meeting. The drive to magnificent and truly regal Biltmore Estate, with luncheon in the dairy literally among the queenly Jerseys, given the health officers Monday; tea, with the dansant for the ladies at the Battery Park Tuesday; receptions at the three attractive little hospitals, The Mission, The Biltmore, and The Merriwether, on Tuesday; the elaborate reception and dance at the Battery Park Tuesday evening, the drive of many miles through famous and most beautiful Biltmore Estate grounds, with refreshments tasteful, dainty and toothsome at the Dairy, Wednesday afternoon; the courtesies of the Country Club; and last, though by no means least, the beautiful private dinners given in their lovely homes each evening, by fully half a score of the city's well known members of the profession, combined to render that side of the meeting most complete and satisfactory. To Drs. Greene, Ambler, Frazer, Reynolds and Dan Sevier, all feel a debt of lasting appreciation for their most admirable conduct of the delicate affairs involved in the successful management of the many arrangements incident to the occasion. The details in every respect as to halls, hotels, recreation features, all were planned and executed in a way al-

most marvelous, and setting a pace, (as Asheville folks and doctors, too, have a delightful way of doing), few will aspire to, fewer equal and none surpass.

J. H. W.

CONJOINT SESSION.

Dr. C. O'H. Laughinghouse, Greenville: Wherever in the time of war or peace the services of North Carolina's medical profession may be needed that we, the profession of North Carolina can willingly, gladly, respond to the call; that we endorse the action of President Wilson and of Congress in this time of war and that as a Society and as a profession offer to him our services unselfishly, gladly, willingly, patriotically, to do with as he wishes.

Unanimously adopted.

DR. WILLIAM HENRY TAYLOR.

Dr. William Henry Taylor, of Richmond, Va., died at his home April 15, 1917, at the age of eighty-two. He was regarded by those who best knew him as a man of unusual character. Scientist, philosopher, astronomer, physician, chemist, professor of Chemistry in the Medical College of Virginia for a long period, likewise professor of Chemistry in other schools in Richmond, and city coroner of Richmond, Virginia, for the remarkable period of forty-five years, a confirmed bachelor never losing an opportunity to express his dislike to femininity before his medical students, his was indeed a picturesque personality in many ways, and his experience probably unlike those of most men. Only recently he conducted, it is said, his ten thousandth personal investigation of a human death; a record, it is believed, not surpassed, if equalled, by any other coroner living or dead. Careful, painstaking, exacting to a degree of himself and his own work, yet kindly and always considerate of his students, Dr. Taylor, or "Old Whitey," as they affectionately dubbed him, with his snowy white hair and his pinkish-blue-grey eyes, his frequent witticisms told with quiet unamused manner, he was one member of the Medical College of Virginia faculty always to be lovingly recalled. His lectures on chemistry were models of precision, concisely put, and easily remembered as were also his oft references to "James River Mud Solution," as he was wont to refer to the reddish water we all drank in Richmond in the eighties before Richmond had the splendid modern water system now enjoyed.

His autopsies (in which it was the pleasure and profit of the writer to take

part in more than one in 1884-5) were models of carefulness, his observations painstaking, and his preparation and the known thoroughness of his cases prior to going into the courts, so widely known, that every attorney soon learned to respect the knowledge of the masterful physician and pathologist he was; and woe to the lawyer who essayed the task in the court-room of belittling, or attempting to degrade, or dispute the wise old chemist-pathologist's learning as related to the case in particular or any other branch of medicine. Fortunate indeed if he escaped the ridicule of the audience, and never was the attempt repeated. So widely respected was Dr. Taylor's chemical and pathological ability that hard indeed was it to secure a conviction before a jury when his evidence pointed to acquittal or vice versa.

In earlier life he practiced medicine, and at the close of the Civil War in America, he went abroad with a patient visiting leisurely in his company a number of foreign countries. His letters to one of the Richmond, Va., papers, published during this year abroad, portraying in part the experiences of the trip, and his observations on the life and customs of the peoples visited, were greatly enjoyed by those who read them, and on his return the letters were collected and published in a volume entitled, "Travels of a Doctor of Physic," but the South was poor in those days, its publishers limited in their facilities for advertising literary wares, and there almost died a bornin' in the scant sale, this most delightful volume of Dr. Taylor's, a book which, had the people at large ever seen it, or had it borne the imprint of a progressive metropolitan print-shop, would easily today have ranked with the best of Mark Twain's writings. But the dear old doctor who always preferred to make the world laugh than cry, and who was modest and unassuming to a fault, cared naught for this, and it was with difficulty the writer found a copy of his book in 1884 when his pupil in the college at Richmond.

Graduating when young in the schools at Richmond, Va., Dr. Taylor served in the Confederate Army as Assistant Surgeon of the Eighth Virginia Infantry, and later as Surgeon of the Nineteenth Virginia Regiment. He was severely wounded at Gettysburg, where with utter disregard for his personal safety he only sought to extend earliest aid to his men. Becoming city coroner shortly after the war between the states he was intimately known to thousands of citizens who will

mourn his departure and whose hearts beat kindly for the old white-haired man who lived at peace with his fellows and whose religion was to help as best he could his fellow man. So his students remember him.

CHIROPRACTICS LICENSED IN NORTH CAROLINA—AN INTERESTING AND INSTRUCTIVE LETTER FROM ONE OF THEM.

The recent session of the North Carolina State Legislature, after a strongly evidenced contest waged by both the legislative committees of the medical profession and the osteopaths, passed an act creating a State Board of Examiners for Chiro-Practics taking effect immediately and providing for the licensing upon examination of this added type of so-called "drug-less healers." On first view such action of the law-makers was thought evidently a retrograde movement, and the average medical man or woman, will instinctively utter a protest. However this, like other questions, has two sides, and the more one studies this matter of license, or right to practice the healing art, the more conclusive the opinion that the primary requisite the state ought to demand of all treating human disease, is they shall be possessed of an adequate knowledge of the anatomy, physiology, chemistry and pathology of the body they assume to care for when diseased or functionally disarranged.

In the field of therapeutics there exists a wide divergence of opinion among many most reputable practitioners, and with advancing civilization, it is more than likely this variation will be greater rather than less. The educated laity and their representative law-makers, each year becoming possessed more and more with a larger knowledge of medicine and surgery, their successes, and their limitations, will grow more and more to believe, as do many well informed men of our profession, it the duty of the state to require of every one essaying the task of diagnosing and prescribing, be it drug, regimen, or what, it matters not, for the ailments of the human body, a first-class preliminary education coupled with thorough knowledge of rudimentary principles. But forbearing further consideration of what the future may bring forth in the vital matter both to profession and following North Carolina physicians to people, it is of more than passing interest to note the following verbatim copy of a letter received April 1, 1917, by a well known North Carolina physician. After

reading it, one may truly observe, there may come a future time, possibly under the stimulus of a rigid state examination, when all persons of this cult may attain a degree of educational and intellectual qualification, but it is extremely doubtful, if such condition now exists as warrants the admission to practice any form of treating human disease of the type represented by the writer. For obvious reasons the names are withheld, otherwise the letter is exactly as received:

"April 18, 1917.....N. C.

Dear dr.....M. D. Dear Sir I i wish to as of You Some information Wich I am Sure You can gave Me and for Same i Will thank first i am a graduate of the american College of Mechano therapy Chicago and wish to Practis my Perfession in this city of.....State of north Carolina and I want You to tell me wheather I will have to Stand Examination ore not and i will thank You The School of Mechano therapy the head official Who corresponds with the Board and Members States to me that their is Provision Made by law for Examination of Drugless healers but i no You no. Pleas Reply at once from.....M. T.

P. S. inclose Find Stamp

J. H. W.

OFFICER OF THE MEDICAL SOCIETY ELECTED FOR NEXT SESSION.

The house of delegates reported on the election of new officers as follows: President, Dr. I. W. Faison of Charlotte; first vice-president, Dr. William De B. McNider of Chapel Hill; second vice-president, Dr. Joseph B. Greene of Asheville; third vice-President, Dr. Ben F. Royal of Morehead City. The secretary, Dr. Benjamin K. Hays of Oxford, and the treasurer, Dr. W. M. Jones of Greensboro, hold over until the next meeting, which will be at Pinehurst next April.

DR. I. W. FAISON, PRESIDENT MEDICAL SOCIETY OF NORTH CAROLINA.

The recent election of this well known physician and authority on paediatrics to the presidency of the Medical Society of the State of North Carolina was a deserved tribute to a skilled member of the profession and a fitting recognition of the appreciation by the organized profession of the state of many years faithful earnest work in the ranks of the society. A man of prepossessing appearance, lofty ideals, unbounded energy and enthusiasm for a cause espoused, Dr. Faison will with care, prudence and a safe discretion,

worthily wear the great honors that have come to him as the gracious gift of an appreciative profession.

EDITORIAL NEWS ITEMS

Abbeville, S. C., physicians have organized for "preparedness" and will engage in the federal service if needed.

Dr. Frank McLean, formerly of Maxton, N. C., now of New York City, has recently returned from a trip accompanying a patient home to England.

Dr. Robt. Wilson, Jr., Dean of the South Carolina Medical College, delivered a public lecture of unusual interest to the laity in Charleston April 12.

Dr. Fred C. Williams, Columbia, S. C., was re-elected to succeed himself as Superintendent of the State Hospital for the Insane last week.

The McCormick County, S. C., Medical Association has taken a strong stand for aiding the government in a vigorous prosecution of the war.

Dr. Stuart McGuire succeeds the late Dr. George Ben. Johnson as member of the Board of Visitors of the Medical College of Virginia.

York, S. C., is another of the progressive smaller municipalities of the South to recently arrange for whole-time salary physician health officer.

Sixteen members, or exactly one-half of the graduating class of the Medical College of South Carolina have signified their intention of entering the U. S. Navy Medical Service immediately on their graduation this month.

The Woman's Red Cross organization at Washington headquarters has ruled that first aid classes may be instructed only by physicians approved of by the national organization.

Dr. B. W. Hines, Pilot, Floyd County, Va., died April 11. He was a graduate of the Winchester Medical College, and the father of ten children.

The Anson County, N. C., Medical Society has elected for officers in 1917:

President—Dr. J. E. Kerr.

Secretary-Treasurer—Dr. J. M. Covington.

Dr. Emory Alexander, formerly of

Charlotte, N. C., now located in Philadelphia as an associate of Dr. Jno. B. Deaver, has been selected to head the unit of the Episcopal Hospital for service on the European battle front.

Dr. Henry W. Littleton, Badin, N. C., was quite severely though not seriously injured in a collision between his automobile and a team on March 15.

The baseball team of the Medical College of Virginia have elected R. H. Bruni, a student from North Carolina, coach, and are engaged in preparation for a vigorous spring campaign for athletic honors.

Dr. E. S. Abney, Blythewood, S. C., passed away on March 19 at the age of 81 years, leaving a wife and eight children. He was a member of the Methodist communion, a good citizen and a respected member of the profession.

The medical and surgical staffs of the Protestant Hospital, Norfolk, Va., have tendered their services to the Federal Government during the war with Germany, wiring the President to that effect at a recent meeting of the staff.

The Medical College of Virginia student body presented the institution with a handsome flag which now floats proudly over the main building. More than thirty-five of the 1917 graduates have recently been examined for commissions in the army and navy medical service.

Dr. Stuart McGuire, Richmond's famous surgeon, has been appointed a member of the U. S. A. general medical board and will assist in perfecting the arrangements for the engaging of the Medical Sections of the Officers' Reserve Corps in the government work.

Lexington, S. C., County Medical Society held a meeting and organized a preparedness committee April 13 and offered their services to the President of the United States, the same hour a meeting of pacifists was being held less than 100 yards distant in the same city.

An alleged physician, V. J. Jindra, Charlotte, N. C., has been held for trial for illegally practicing medicine in North Carolina in connection with the Association of Radio-Medical Doctors. The case is watched with interest by physicians and will come up in the superior court in May.

At the annual meeting of the Florence County Medical Association, S. C., in Florence, April 2, the following were elected officers:

President—Dr. S. R. Lucas.

Vice-President—Dr. F. K. Rhodes.

Secretary—Dr. D. H. Smith.

Mecklenburg County, N. C., Medical Society recently volunteered almost to a man to engage with the government if their services are needed in the war with Germany. The Society also placed itself on record as favoring unanimously the appropriation of adequate funds to place the Charlotte city health department on a first-class basis of operation.

Governor Bickett, acting upon authority conferred by the recent legislative session has appointed the following first State Board of Examiners for Chiropractics in North Carolina. Eugene L. Cox, Winston-Salem, one year; I. C. Carlson, Greensboro, two years; W. P. Love, Charlotte, three years.

Dr. J. C. Blair, Lenoir, N. C., died at his home March 25 at the age of 84. He was a practitioner of more than 50 years experience, an active Mason, and a man missed by his community served by him so long and kindly.

Dr. J. E. S. Davidson, Charlotte, N. C., announces his retirement from general practice and his intention to devote himself exclusively to Syphilology and Dermatology. Dr. Davidson in addition to the acquirements of a number of years active experience has recently specially studied in Eastern medical centres these important branches of science.

Dr. W. S. Rankin, Raleigh, N. C., attended the State Medical Society of New York last month, and by special invitation, delivered a special address on public health work.

Dr. J. M. T. Finney, Baltimore, Md., was the guest of Columbia, S. C., surgeons and gave a clinic at the local hospital March 12.

Richland, Orangeburg and Greenwood Counties, S. C., have accepted the proposition of the International Health Commission and are establishing whole time county health departments.

Dr. J. R. McCaulay, Secretary-Treasurer Virginia Medical College, Richmond, Va., has been recently elected head of the

Moose Order in Richmond and will represent the body in the national organization.

Dr. Chas. B. McDaniel, Rutherfordton, N. C., died at the age of 28, April 9. He was a graduate of the North Carolina Medical College, recently resident surgeon in the Rutherfordton Hospital, a young man of attractive personality and a member of the Methodist Church.

Dr. E. C. Register, Charlotte, N. C., who has been quite ill in a New York hospital for some weeks is improving and has returned to his home where he is gradually regaining his wonted health and trusts soon to resume his professional and other duties.

Dr. Joseph B. Greene, Asheville, N. C., member Officers' Reserve Corps U. S. N., has been designated by the Navy Department to examine all recruits for the U. S. Navy in the mountain section of North Carolina. Recruits passed on by him will be sent into service at once without further physical examinations.

Dr. W. S. Rankin, Raleigh, N. C., presided over the Conference of Public Health workers of the South held in New Orleans, La., March 16 and 17, 1917, under the auspices of the International Health Commission. Dr. Olin West, Nashville, Tenn. Secretary. Two busy days were spent and numerous papers dealing with varying phases of intensive health work in the South were read and discussed.

The Marion County, S. C., Medical Society elected officers as follows:

President—Dr. E. M. Dibble.

Vice-President—Dr. Z. G. Smith.

Secretary-Treasurer—Dr. F. L. Martin.

Dr. O. M. Brailsford, recently in service on the Mexican border, gave an instructive account of army duties in the medical corps coupled with an earnest plea for the members of the profession to do their full duty in the days of national peril.

At the annual meeting of the Clarendon, S. C., Medical Society officers were elected as follows:

President—Dr. E. W. Barron.

Vice-President—Dr. W. H. Carrigan.

Secretary-Treasurer—Dr. L. C. Stukes.

Resolutions expressive of patriotic sentiment were unanimously passed.

Dr. John Marlin Habel died recently in

Onancock, Va., at the age of 91. He was graduated from various American and German colleges of medicine, and was esteemed one of the most medical men in the state of Virginia.

BOOK NOTICES.

A Practical Treatise on Fractures and Dislocations, by Lewis A. Stimson, B. A., M. D., LL. D., Professor of Surgery in Cornell University Medical College, New York; Consulting Surgeon to New York and Bellevue Hospitals; Corresponding Member of the Societe de Chirurgie of Paris. Eighth Edition, Revised and Enlarged. With 475 Illustrations and 39 Plates in Monotint. Lea and Febiger, New York and Philadelphia, 1917.

This, the eighth edition of this work, maintains the high standard of excellence characteristic of previous issues. This work contains nearly 1,000 pages and the author, Dr. L. A. Stimson, is so well known and his writings so widely read that a review seems scarcely necessary. The principal changes and additions made in this portion of the book, have been in the matter of treatment, and a number of illustrations have been added. Under dislocation of the shoulder in infancy—birth dislocations and posterior subluxations. A section of subluxation of the great horn of the hyoid has been added. The author tells us that the war in Europe has brought to hospitals an enormous number of fractures and fixed upon them the attention of surgeons to an unprecedented extent.

The writer also tells us of two visits to France and notes with much pleasure the methods of treatment introduced by American surgeons, especially of suspension in fracture of the thigh in compound fractures of the bones to control inflammation and facilitate dressing. Many interesting details have been noted in the revision.

This handsome volume has 933 pages and price is \$6.00, and represents a magnificent addition to any medical library.

International Clinics, a Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Etc., Etc., by Leading Members of the Medical Profession Throughout the World. Edited by H. R. M. Landis, M. D., Philadelphia,

Pa. Volume One, Twenty-seventh Series, 1917. J. B. Lippencott Co., Philadelphia, Pa. Price, \$2.00.

I wish to congratulate the publishers, J. B. Lippencott Co., of Philadelphia, Pa., on giving the Medical Profession such a valuable volume as this—Vol. I, Twenty-seventh Series of this splendid quarterly. This publishing house, through these international clinics have given to the medical profession a wonderful amount of fine information. We congratulate ourselves constantly upon owning these volumes and having them for reference upon our shelves.

The articles upon Treatment of Epithelioma by Radium, by Dr. R. H. Boggs, and upon Medical Treatment of Gastric and Duodenal Ulcer by Dr. Vincent Lyon, and yet a third by Dr. Curran Pope, upon the Medical Treatment of Poliomyelitis, I regard as most worthy of attention, and those studying them will be interested and benefitted.

This volume contains 300 pages and the illustrations although not as numerous as usual in these volumes are very appropriate and helpful.

Zone Therapy, or Relieving Pain at Home, by Wm. H. Fitzgerald, M. D., and Edwin F. Bowers, M. D., Author of "Side Stepping Ill Health," "Alcohol—Its Influence on Mind and Body." I. W. Long, Publisher, Columbus, Ohio. Cloth; Price \$1.50.

Most physicians tell physicians how they cure patients. They also tell the public how not to become patients. But in this book, Dr. Edwin F. Bowers tells how Dr. D. H. Fitzgerald, the discoverer of Zone Therapy, carries health education a step farther, and describes how Dr. Fitzgerald cure the public—after they become patients. This, with the definite idea that the knowledge can be applied by all the world, and that thereby the sum total of human life, health and happiness may be increased.

The minute description of cases relieved, together with the identical methods pursued to effect this relief is a veritable course in Zone Therapy. By carefully studying these Chapters any intelligent man or woman can relieve and often cure headache, hay fever, deafness, indigestion, goitre, lumbago and scores of other conditions quite as well as can the most high priced and efficient specialist. Read it, try the methods and be convinced of this.

Botanic Drugs: Their Materia Medica, Pharmacology and Therapeutics. By

Thomas S. Blair, M. D., Editor Medical Council; Author of "Public Hygiene," "A Practitioner's Handbook of Materia Medica and Therapeutics," and "Pocket Therapeutics;" formerly Neurologist to Harrisburg (Pa.) Hospital. Large Type, Fully Indexed, 394 Pages. Price, \$2.00. Cincinnati: Therapeutic Digest Pub. Co. 1917.

Fischelis a yea rago drew attention to the increasing scarcity of imported medicinal products, and urged the utilization of available native supplies. He made an earnest plea for a larger use of galenicals, especially of indigenous plant origin. Prof. A. Tschirch, of the University of Berne, in a recent address, deprecated the increasing use of the so-called active principles and synthetic medicaments, and that many physicians have disaccustomed themselves to the use of plant drugs. The wish expressed by him in London in 1909, "Let us go back to drugs," has already met with a larger echo than he dared hope at that time.

Blair has presented in this book in concise form a convincing argument for the restudy and enlarged use of galenicals. He is a trained pharmacologist as well as an active practitioner of medicine. He is thus competent to weigh the evidence presented from the research laboratory and that of the bedside. The author frankly admits he "realizes the fact most acutely that it is quite impossible, in our present state of knowledge, to prepare a truly scientific text" on the subject. But this deplorable state is, in a measure, a reproach to modern medicine. Galenicals have been used empirically for over 3,000 years, and their scientific study is a common duty. All of the botanic drugs in common use are described, with a critical review of their therapy. The exact dose is given, how best employed and the distinctions in the use of allied drugs are gone into thoroughly. While there is evident a strong note of personal predilection owing to intimate study of various galenicals, the author is fair in giving due credit to the opinions of others. Blair's book is one of the most practical, sensible and dependable yet published on the subject. It has appeared at a very opportune time. It behooves every physician who has the interests of his patient at heart to get a copy, and again become familiar with botanic drugs.

Miscellaneous.

Preparations.

Next to its fulfillment of therapeutic requirements, a physician demands of a cod liver oil preparation that it be acceptable to delicate stomachs and that its administration be possible over long periods without distress. It is by meeting these reasonable demands that Cord. Ext. Ol. Morrhuæ Comp. (Hagee) has earned its rank among physicians and come into such wide use. The physician giving Cord. Ext. Ol. Morrhuæ Comp. (Hagee) may feel sure that he is introducing the oil's elements into the system and at the least cost to the patient's gastric apparatus.

In Children and in Old People.

Kidneys are often affected by exposure to cold or chill. These disturbances may range from sudden and frequent desire to urinate to the severe forms of urinary irritation. The first is usually accompanied with free and excessive flow of water, where in the latter case there will be but a small quantity of water, frequently passed with difficulty and pain. If the cause is not removed, this disuria with frequency may continue day and night until cystitis occurs, or until a spastic renal condition is found to be present with active congestion followed quickly by acute inflammation. The remedy is heat persistently applied externally to produce relaxation, and Sanmetto in drachm doses for adults every hour until relief, then less often as indicated, and half doses for child in like manner. Particularly is it true with men suffering from prostatic trouble that they are often affected by exposure to cold or chill, causing congestion at the bladder neck, with frequent desire to urinate, and urine passed with difficulty and pain. Hot applications externally, either moist or dry and Sanmetto in teaspoonful doses every hour until relief, is the remedy.

"Elixir Saloform Comp., Flexner."

Contains 20 per cent. Alcohol. An efficient remedy for Rheumatism, Gout, Cystitis and Uric Acid Solvent. Prepared for physicians' prescriptions only. Robinson-Pettet Co., incorporated. (See page iv this issue.)

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Its prompt effect on the appetite, digestion
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Carminatives

DOSAGE—ADULTS: Two to four teaspoon-
fuls in a little water before meals three or
four times daily.

CHILDREN—One-half to one teaspoonful in
water before meals.

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Anemia
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Malnutrition
Nervous Ailments
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as well as for surgical lubrication.

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instances that we believe you will con-
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The Treatment and Prevention of Hay Fever.

From the earliest times hay fever seems to have been associated, especially by the laity, with the flowering of various plants. The first definite proof that pollen was the causative factor was furnished by Blackley in 1873. He found that symptoms of hay fever did not appear until the pollen grains in the air had reached a certain number. He also showed that pollen may travel for great distances so that removal to a considerable distance from the location of flowering plants did not always afford relief.

Dunbar considered hay fever to be due to a toxin contained in the pollen and endeavored to produce an antitoxin by immunizing horses with pollen toxin or pollen protein in about the same way diphtheria antitoxin is produced. The object was to use the resulting antitoxic serum in the treatment of hay fever patients. More recent investigations show Dunbar's theory of antitoxin formation to be at fault. The symptoms of hay fever are now considered as being due to sensitization—in other words, to an anaphylactic condition.

Noon, working in Wright's Laboratory, was the first to report successful results in the treatment of hay fever with subcutaneous injections of pollen extracts. More recently Clowes, Lovell, Lowdermilk, Ulrich, Koessler, Manning, Cooke, Wood, Goodale, Hitchens and Brown have confirmed the findings of Noon.

Hay Fever Vaccine Mulford is prepared by collecting the pollens of the plants which are known to cause hay fever, ex-

tracting the protein from the pollen, purifying this protein extract, suspending it in physiological saline solution and standardizing it.

Hay Fever Vaccine "Spring" Mulford contains the varieties of pollen which are the causative agents in the great majority of hay fever cases occurring in the late spring or early summer. Hay Fever Vaccine "Fall" Mulford contains only the protein extract of ragweed pollen, and Hay Fever Vaccine "Fall" Mixed Mulford contains the protein extracts of ragweed, golden-rod and maize. This is the season of the year for immunization nouncement regarding the method of furnishing Hay Fever Vaccine "Spring" Mulford is found on another page of this publication.

The Pallid School Girl.

In view of the modern methods of education, which force the scholar at top speed, it is not to be wondered at that the strenuous courses of study prescribed for the adolescent girl more than frequently result in a general break down of both health and spirits. Each winter the physician is consulted in such cases and almost always finds the patient anemic, nervous and more or less devitalized. In most instances a rest of a week or two, together with an efficient tonic, enables the patient to take up her school work again with renewed energy. Pepto-Mangan (Gude) is just the hematinic needed, as it acts promptly to increase the red cells and hemoglobin, and to tone up the organism generally. It is particularly suited for young girls because it never induces or increases constipation.



In Case of Collapse ON THE OPERATING TABLE

What precautions have you or your hospital taken to restore respiration quickly, safely and surely? You can't afford to dispense with anesthesia because of the dangers that attend its use—of course not.

But you'll feel more confidence if you know that you possess, close at hand, some reliable method of reviving the patient if collapse does occur.

The Lungmotor

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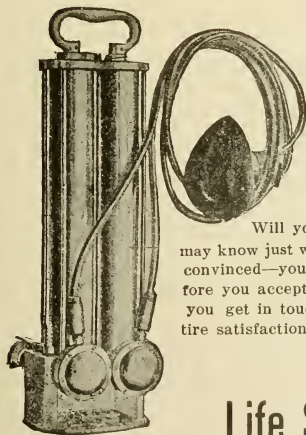
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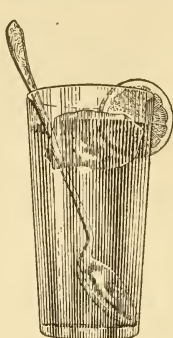
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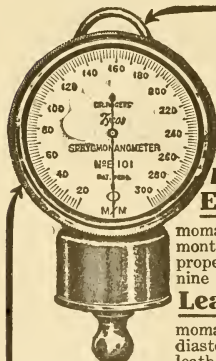
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The Charlotte Medical Journal

VOL. LXXV

CHARLOTTE, N. C., JUNE, 1917.

No. 6

THE EYE AND NOSE AS CAUSATIVE FACTORS OF BAD HEALTH.

By Joseph A. White, M. D., Richmond, Va.

Physicians are often confronted with annoying and distressing pathological conditions, the etiology of which is very obscure, and among the multiplicity of other probable causes, they might sometimes solve the problem that has them guessing, if they would take into consideration the possibility that the eye or the nose might be at the bottom of the trouble.

The internist, and the neurologist, the orthopedist, and the gynecologist would all have a better chance of cracking some of their hardest nuts, if they would sometimes recognize that our bodies have eyes and noses as well as teeth, lungs, hearts, livers, spleens, kidneys, sexual organs, brains and spinal columns. All these latter are gone over thoroughly by physical and laboratory methods, and the examiner is often still at sea.

The tonsil craze graduated the throat into the routine examination, but the eyes and nose are left out of consideration except in rare cases. Of course if there are head symptoms, and especially headache, the EYE is sometimes thought of as a possible factor, but the nose "NO"—not if it can be breathed through, or unless the patient complains of it.

As soon as the general profession became aware of the relationship of tonsil troubles to heart infections, arthritis, glandular defects, etc., it became like a raging lion seeking whom it might devour, and no tonsil is allowed to escape destruction in anyone, at any age from the cradle to the grave. If a doctor ever sees a tonsil (fortunately lots of them cannot be seen without the most careful scrutiny) the unfortunate victim will have to go into hiding if he wants to escape mutilation.

I have aired my views on this subject several times, and I think the reaction has already set in, although a little more conservatism might be beneficial. Some years ago, the destruction of the turbinate bodies was almost as bad among rhinologists, although it never extended to the general profession as did the tonsil craze.

*Antrum trouble, however, sometimes gives great annoyance with very obscure symptoms relative to the antrum itself.

Long since, a reaction took place, and the pendulum swung too far the other way, to the actual neglect of the important influence, nasal affections could have on the general economy. From blaming the nose for every affection that flesh is heir to, it is often overlooked as a causative factor even when it is clearly to blame.

The eye, on the contrary, has always held a prominent place as a causative factor in certain conditions, such as headache, in the minds of thoughtful investigators, and sometimes given consideration by some, when wandering in the unknown regions of neurology, on the principle of any port in a storm. Sometimes it proved a saving haven, sometimes it wrecked all hopes in that direction, for want of a good pilot.

Many morbid conditions of health are found at all ages from young school children to elderly people, due to no other cause than defects of the eyes and eye muscles, or to pathological changes in the nasal passages, such as headache, neuralgia, migraine, nausea, vertigo, so-called nervous dyspepsia, malnutrition, general nervous symptoms, symptomatic chorea, pains in back, at the end of the spine and in the mastoid, hysteria, insomnia, functional cardiac symptoms with rapid pulse, dysmenorrhoea, cough, reflex bronchitis, asthmatic breathing, spinal curvature, etc.

Now some of you may think this list is a bit far-fetched, but every item in it has been demonstrated by irrefutable facts, and I doubt if the list is at all complete. Some even include hay fever, epilepsy and other forms of neuroses, which may belong to the above catalogue but have not been sufficiently demonstrated.

Many of these conditions, especially those found in so-called neurotic subjects, may be due to intestinal auto-intoxication, to nephritis with high pressure, to cardio-vascular conditions, to certain gynecological diseases, or to syphilitic infection, without eye or nasal troubles. but it is wise to bear in mind that these may also produce them, as with the exception of spinal curvature the most of them are functional disturbances and not organic diseases.

The bearing of eye and nasal affections on the general health in its many aspects, has been taken into consideration by most of our Health Boards, in the efforts they are making to have all the school childrens eyes and noses examined, as well

as their teeth. Seventeen per cent. of school children have very bad defects of the eyes and 33 per cent. defective eyesight of greater or less degree. Add to these those that have latent defects of refractive or muscular unbalance, that only could be detected by the most painstaking examination, and the percentage would be much higher. These latter are the worst cases, because these undetected defects of the eyes are allowed to go on uncorrected, until serious impairment of health, with underlying neurotic troubles, have developed.

In addition to the eye defects, we must consider the large number of cases with adenoids, nasal stenosis, and throat troubles, to say nothing of bad teeth, and we may wonder, how any of the children manage to keep in good healthy condition.

Eye strain does so much harm in so many ways, that it should be one of the first things to consider, when a child that is going to school shows any signs of ill health, or complains of not feeling well, and especially if there is any head discomfort, or stomachic derangement. Children put up with a great deal before making complaint, for fear of being kept from their schoolmates, or playmates.

A cursory examination of the eyes may show vision and accommodation apparently normal and no discernable physical defect. Careful examination, under the influence of a mydriatic, will often reveal latent refractive, or muscular errors, in cases with apparently nothing the matter. Not only opticians, but many oculists, overlook such defects especially if of low grade—because they do not take the time to do the work properly, and the cases are passed on by the specialist as having no trouble with the eyes, leaving some physician to grope in the dark, after an apparently undiscernable cause of ill health, which may lay the foundation for a ruined life, or ruined career, until the effects are so far reaching, and so complicated, that even the proper correction of the eye trouble later on, may be only palliative, and not curative. As Dr. Gould once said: "Spectacles won't raise the dead." Such cases are often referred to a specialist, who overlooks the trouble and reports a negative result.

In early life is the time to correct such defects before the appalling effects become chronic and incurable. Many people, with eye defects that should be corrected, are blessed with superb health, and ability to overcome such defects, without serious consequences, and with only occasional discomfort, but as they

grow older the time comes when unpleasant consequences that may affect the general health will manifest themselves, and the eyes will be the last thing thought of, as a factor to be considered because they have always had such perfect vision.

An orthopedic surgeon may smile broadly if it is suggested that the eye strain may cause spinal curvature, and still it is not half as far-fetched as some other causes assigned for it. In early life when the bones are soft and easily distorted, the tilting of the head, due to slanting astigmatism, to level objects, will cause elevation of one or other shoulder according to the direction of the axis, and if kept up long enough will cause a curvature of the spine to one side or the other. Is not this a rational conclusion? If the axis in one eye is vertical and in the other at 105 deg. or 120 deg. the head tilts to the left and the right shoulder is elevated—if at 75 deg. the head tilts to the right and the left shoulder is elevated. The same thing obtains if one eye is higher than the other—bad position at a desk may do this also—and when both go together there is little doubt of the result.

As for the other morbid conditions mentioned above that are caused by optical and muscular anomalies, I rarely pass a day that I do not come into contact with one or other of them. The start point in nearly all of them is head discomfort, not necessarily in the eyes, for the eyes strange to say are often not even referred to in the complaint. I doubt if there is a more universal symptom among human woes than headache, in one form or another, and if its origin is not discovered and corrected, its constant recurrence affects the whole economy, bringing in its train all kinds of morbid phenomena with resulting nervous breakdown, so that the physician in charge regards it simply as one of a complex of symptoms, part of a syndrome and not a cause.

Let any of you try the simple experiment of putting on a pair of spectacles which will artificially produce a slight astigmatism and wear them awhile. You'll soon find yourselves suffering from headache, giddiness, nausea, etc., and if kept up awhile you'll have enough symptoms of digestive or nervous disturbance to need the advice of an internist or neurologist.

The adaptation of lenses, for the correction of many refractive and muscular anomalies, is an art, requiring exact knowledge of physiological optics, as well as of the physiology and morbid anatomy

of the eye, and neither the optician nor the medical profession at large nor the specialist often recognizes this fact.

In consequence, most people who wear glasses have only a partial or imperfect correction of their refractive errors, and as the glasses do not give relief, they conclude their eyes have nothing to do with their ailments, especially if they get practically normal vision. To say nothing of opticians with their partial knowledge of the subject, and their ignorance of eye diseases, many oculists are to blame for this as they do not give the amount of thought or time many of these cases require—being either careless, neglectful or incompetent. Most of them overlook low grade astigmatism, and never think of the necessity of perfect correlation between the accommodative effort, and the convergence, if the eyes are to work together without trouble.

In a short paper like this, which is only intended to call your attention to the fact that eyes and noses are to be considered when investigating the causes of various morbid phenomena, there is not time to go fully into the subject, but I could quote hundreds of cases from my case book to prove the truth of my statements. Many of these cases came to me from the practice of my personal friends in Richmond who could corroborate my remarks.

I have several times presented this subject to this society and others during the last 20 years, but truth is a plant that grows slowly, and it takes a long time to branch into a full blown tree that all may see.

When the perfect correction of a refractive error or muscular unbalance fails to give relief to the head symptoms, the nose should be examined and it would be better if the nose were also examined at the same time as the eyes. You all take the throat and tonsils into consideration because the extensive literature on the subject has made not only the profession, but the laity as well, familiar with this possible source of trouble, but many people suffer from the effects of nasal defects of which they are unaware.

If they are mouth breathers, or have a discharge from the nose, or secretion constantly falling into the throat, they are fully alive to the fact, they have, what is advertised so freely by quack remedies, as a dreadful trouble called "catarrh." Even then, they rarely associate this with headache frontal or occipital, with neuralgic pains about the head or face, with an annoying cough, with bronchitis, or with other nervous reflexes, that have manifested themselves.

Is not the nose a natural field for exploration in these cases, when we consider how richly supplied it is by the trigeminus, and the off shoots from the sphenopalatine ganglion? An absolutely unsuspected and unknown deviation from the normal condition of the nasal passages, could set up enough local irritation, to cause serious reflex phenomena, of which headache is the most frequent. This may vary from slight attacks of pain to agonizing suffering. Usually it is unilateral but may involve both sides. The pain may be in the teeth, the nose, the ear and extend down to the shoulder, and sometimes to the eyes. The repetition of the pain or its continuance may affect the patient physically and mentally, until he is in a deplorable condition.

Examination of the nose may show so little departure from the normal that the cause is often overlooked, even by a rhinologist, especially as there is no secretion of pus present in these cases. It is oftenest due to a slight pressure exerted by contact of the middle turbinate with the septum, which produces a constant irritation of this sensitive area, and occasionally it may be due to an irritable condition of the sphenopalatine ganglion, producing a neuralgia somewhat similar to tic douloureux. If the former, relief is obtained by shrinkage or amputation of the middle turbinate; or if the latter, by injection of phenolalcohol into the ganglion as shown by Dr. Sluder.

If there is pus present, the pain is due to pathological changes in the ethmoid, frontal, or maxillary sinus, but these cases are easier of diagnosis, and the cause of the trouble more promptly determined.* If not relieved in time, complications of various neurotic disturbances manifest themselves, which may be confounded as the cause, instead of the effect, and the attendant be thus led astray in his diagnosis.

I do not wish to be understood as recommending empirical removal of the middle turbinate, because of headache, pain in the face or neuralgia of uncertain origin. I am as much opposed to this, as to this latter day useless slaughter of the tonsils, because people are so unfortunate as to have such organs.

Like the tonsils, the turbinates have some function, which, fortunately, we know more about, than about that of the tonsils, and they should not be sacrificed unnecessarily, as they act as a bulwark against the entrance of impurities into the deeper nasal spaces, and the air passages.

In many cases of sinus disease, its re-

moval is imperative to allow free entrance to, and drainage from, the sinus. When it is sufficiently hypertrophied to obstruct the nasal passages, or make pressure on the septum, it should be sufficiently reduced in size, to allow free breathing, or relieve the pressure, whether by acid application, by the proper use of the cautery, or by ablation, makes no difference.

When it is the origin of polypoid growths, as it frequently is, it should be removed entirely, to prevent regrowth of the polyps. When it blocks one side with a deflected septum, it is much better to restore the potency of the nostril, by removing the turbinate, than by doing a submucous operation, about which many rhinologists have gone daft, and which operation has done more harm than it has done good, because, whilst necessary in some cases, it is frequently performed when it should not be done.

But when we are considering removal of the middle turbinate, because of headache, face ache, or reflex neurotic manifestations, we must take great care to determine if it is the offending agent, or the cause of the reflex manifestations, before deciding to operate, as the nose is only one of a number of causes that could produce the same effects.

The worst cases are those with organized adhesions between the turbinate and septum, because, after thorough separation, it is difficult to keep the narrow passage open, and the after treatment is sometimes tedious. If successful, however, it well repays the time and expense.

Of course the local treatment is not everything. Even when the original cause, whether in the eye or nose, is corrected, the unfortunate sequelae of its previous neglect have to be cared for, and appropriate remedies for the various resulting constitutional disturbances utilized, and the general health built up by all the means at our disposal.

THE BREAST.

By John S. Winter, M. D., Memphis, Tenn.

The old adage: "Hope springs eternal in the human breast," is probably no place so well borne out as in diseases of the breast. The woman finding for the first time a lump in her breast very earnestly hopes that she is mistaken and that the next time she examines the breast that it will be gone, she thinks at once with bated breath of that dread disease—Cancer.

Her fears may be enhanced by the literature she has read in the propaganda

for educating the laity regarding that dread disease, the bane of the human family, only slightly less insidious than the great white plague.

She may think in dismay of that sister woman who underwent a mutilating operation and remained in the hospital, suffering great pain for weeks and who came home at last a wreck of the former self, only to spend her few remaining weeks in anguish indescribable and which could only be partially relieved by enormous doses of opiates.

She thinks of the horrible odor when, in a neighborly spirit, she went to call on her.

She remembers how, time after time the word went out on bated breath that "Mrs. Neighbor" could not live until morning," and yet she lived on and on, a living death, until her friends and neighbors, her very family, prayed that she might really die and thus be relieved of her anguish.

We are at heart all really pessimists, and it is not that we think that the doctor will laugh away our fears and tell us that what we feared was about to happen, "was nothing and that we are alarmed unnecessarily," but that we have already mapped out, with the ready memory and imagination of fear that which we already believe and that we are sure the doctor will tell us is exactly what he thinks it is and we have not the moral courage to hear our death sentence read, how many times does some one who starts out with some simple, easily cured ailment wait, through this same fear, until the disease has become so far advanced and so deep seated that the seeking of aid is but the hopeless catching at straws of the drowning man, only another instance of that eternal hope, hoping against hope that something can be done.

She thinks with a tightening of the heart of her loved husband, how they are about now beginning to get on their feet, of what all this hospital bill will mean to their not too large bank account, nor does she stop here, she thinks of the expense that she will be when, as did Mrs. Neighbor, she arrives home, the cost of a nurse, and, yes she just can not help but think of how very expensive funerals are in that locality—she rushes to her work; she passes a sleepless night or two; she dwells pityingly on what her dear little children will do without that fond mother love and care; little Johnny is apt to get all the jam he wishes on his bread; husband thinks with tired fondness that wife is certainly taking good care of him; he

come quite a good deal more affectionate; he wonders if it is a new spring hat or perhaps a check to the mother-in-law—anyway he is pretty tired and when he goes to bed—that place where secrets are shared, and plans are talked over, and matters discussed that owing to press of work or lack of privacy, when the physical body is composed for rest, can only be discussed freely here. It is here that the bride of a few months, with the friendly darkness to hide her pretty blushes, tells her lord and master that at some date in the next few months she will bring forth to bless and cement their union. It is here that the wife is trying to get her courage up to tell her husband of the lump that she has found and of her fear concerning it, but by the time she has made up her mind to speak, the husband, mistaking her thoughtful silence, has gone fast asleep and she probably spends another sleepless night.

Morning comes—hand in hand with it comes good old eternal hope; she remembers a case of one of her neighbors, or some one that one of her neighbors told her about, in which the woman discovers a lump in her breast and who went to her doctor and was sent by him to a surgeon who sent her to the hospital and there operated on her with the result that she was entirely relieved and although that was quite a long time ago she has heard that there had been no return of the dread disease, and in the talk that she had heard there had not been such a very mutilating operation and that the surgeon had told them immediately after the operation that it was not cancer but some kind of a condition that she could not remember the name of, but that, what was most important to her, was not cancer. Oh, beautiful hope, because she has already gone to the depths of despair she rebounds the more readily to the stimulus of hope and she instantly makes up her mind to the fact that there is hope for her and that she is going to take advantage of it—her spirits return and she is now sure she is on the right road and that she is going to do just the right thing to restore her to health and preserve her to take care of that loving husband and those loved little ones. She decides she will see a doctor at once.

If ever there was a place that should have a warning, STOP, THINK, BEWARE! If there is a place in a woman's career that is fraught with more danger than here, I have failed to recognize it.

This woman has been taught with all of the literature that she has read, and she reads every article pertaining to the

diseases of woman with avidity, "that any lump in the female breast after she has reached a certain age is almost certainly a cancer," which, if not taken in time, is most certainly fatal and accompanied with all of the horrors already described in this article, and that, in order to preserve her life and be preserved to her family and friends, she must place herself in the hands of her physician and have him determine if it is a cancer or if it is a tumor of benign nature.

But, I wish I could shout the word, does it tell her how he will proceed to determine the nature of the tumor? Does it tell her that her doctor may not know how to determine the nature of the growth? Does it tell her that her doctor may never have been that close to such a growth before; that he is totally unprepared to cope with such a problem; that through optimism, urged on perhaps by the wishes and hopes of the woman herself, actuated, perhaps by a desire of financial gain. I blush to suggest the crime that I know exists, or not knowing just at that time the proper procedure in such a case, he assures her it is nothing, another crime only slightly less than the first, but avarice and ignorance have ever gone hand in hand, to the ruin and downfall of millions of their fellow men, in order that he may get out his text-book and see what should be his mode of procedure and then lacks the moral courage to rush down the street shrieking that he has made a terrible mistake and wishes to rectify it and thus save a wife, a mother, a sister, a woman, from this most horrible of all deaths.

Does it tell her in the same breath that there are parasites and crooks in the medical profession that will suck their very life blood before they cast them, hopelessly diseased and beyond any human help on the charitable institutions of the country, and then if operated upon in the almost vain hope that something can be done to temporarily arrest the march of the grim reaper, that the operation was the cause of their death and thus use it to deter others from the seeking of proper advice and treatment.

Ah, my friends, I regret to tell you that in no article that I have read in any lay press have I found any such warning conveyed even in innuendoes.

It is needless to state that fully ninety-five percent of the inoperable cases coming into the hands of the surgeons have been treated or neglected by the family physician, some of them when bringing in a patient in the late stages of the disease say: "Doctor, I told Mrs. Blank several

months ago that that might be a cancer and that she ought to go to the hospital and have it taken off but she reckoned it didn't amount to anything and didn't come to see me any more until the other day when it was in the shape it is in now. I hustled her right off down here for you to operate on," but did he tell her in a way that would make her wake up to the fact that it was serious; that she was standing on the brink of her own grave? Did he show any perturbation when he had his attention called to the lump in the woman's breast at a time, when, by her fears and doubts she had already lost valuable time. Did he warn her as he would have done had he seen her house on fire, or a valuable cow or horse about to be killed; did he go out to her house after she had left his office, without definite knowledge as to the course to be pursued, and argue as to the gravity of the condition, what it meant to her and her family; did he show her medical and surgical literature and actual statistics regarding tumors of the breast?

You know he did not. He knows he did not. We all know he did not. Ignorance or avarice, or lack of moral courage has made that man a murderer as surely as the man who connives at a theft is an accessory to that crime.

The remedy? First the laying before the laity, through the daily press the exact mode of procedure she should take in order to determine, with the least possible loss of time as to whether the lump she has found in her breast is malignant or benign.

Acquaint her fully as to the extent of the operation if the lump proves to be a cancer, also that it was not necessary to have such a mutilating or disfiguring operation if upon proper diagnosis in the proper manner the condition is found to be benign. Let that good old eternal hope come in and thus through pride of personal appearance add its quota toward early recognition and control of this dread disease.

Secondly: let there be placed, through the medium of the medical society journals or any medium that will get it there, the exact procedure the family physician shall pursue. Let these instructions be printed plainly, simply, so that he may show it to his patient as well as use it as a guide.

Does the general practitioner know exactly the method to pursue when a case of tumor of the breast presents itself?

For fear that this article may be read by one who is really at a loss what to do in order to secure the treatment the pa-

tient should have, and have without a moment's unnecessary delay, I will outline a plan of procedure that will not only secure for his patient the protection and treatment she imperatively needs but it will enable her family doctor to see that it is carried out and thus constitute him as her intelligent protector.

The proper mode of procedure for a physician when a woman or man consults him regarding a lump which he or she has discovered in their breast:

As this regards women more often than it does men the hypothetical case will be considered as a woman and spoken of as such.

First: A careful history should be taken of the case. Age, social station, previous history and diseases, number children, genito-urinary history, seeks relief for, duration, etc.—in fact a complete history of the case from birth to the present time if possible.

Second: A thorough examination of the affected breast and such other physical examination as the physician may deem necessary to throw all the light possible on the case, and to determine if the condition is an acute inflammatory one or apparently a new growth. If the examining physician is in a position to have a Wasserman made he should do so even in the absence of a syphilitic history.

Third: Being satisfied in his own mind, or in doubt about it being a new growth, the physician should accompany or send his patient to a surgeon of undoubted skill and integrity, not merely a man who does surgery, or who claims to be a surgeon, but one who will follow up the diagnosis of the malignancy or the benignancy of a case like a master and who employs all the modern means to secure the desired result.

It is here that the family physician becomes the protector of his patient, for it is easy to see that if the physician knows just what should be done to diagnose and treat his patient's case he will also know if those measures are being carried out.

The measures used by the surgeon to make his diagnosis and apply the remedy are comparatively simple for the physician to check up though requiring a high order of skill on the part of the surgeon and very especially on the part of the pathologist he must employ, as without a very competent pathologist to make the microscopic examination the surgeon is no more fitted to make a true diagnosis than the family physician, except in having seen a greater number which makes him excel only in degree, beware of the man with the microscopic eye; his ego-

tism renders him no more fit. In the absence of a first class pathological report, to report on the malignancy or benignancy of a case than any ordinary M. D., granted he has seen more than some other men, which only makes him a little more proficient at guessing the nature of late cases and neither you nor your patient want any guess work, especially as you can have, and in the interests of humanity you should insist on having, only the very latest and most approved and improved methods possible. Even that may sometimes be in error but the percentage is a thousand times better than the methods formerly and still very much in use.

It is your duty to your fellow citizen, in at least an instance such as this, to insist that slipshod methods will not be tolerated and then see that the life that is in your hands is protected.

Having taken your patient to the surgeon, he will, if he is up to date and worthy of the name of surgeon, proceed to go over the history which you have obtained, adding to it as he may see fit. Ordering or taking your report on the Wasserman as he may deem advisable—A report from the pathologist of a gumma operated upon would be embarrassing to both you and the surgeon.

Having determined to his satisfaction that the tumor is, clinically, a new growth the surgeon gives orders for the usual steps to be taken to prepare the patient for operation, which might take place the second day a patient is in the hospital. Certainly never the first day or until the patient is entirely and properly prepared and until every detail incident to the diagnosis and operation has been worked out to the very smallest detail. In no other operation on the human body is every detail so important as in this one, embodying as it does not only the diagnosis but the treatment as well, and taken at the proper time and with all details of the diagnosis and operation faultlessly carried out there is no procedure in all medicine or surgery that promises more for humanity or bunged can produce more dismal results.

Arriving at the day and time of the operation the surgeon will proceed thus: He will first be absolutely sure that his, or a strictly competent pathologist is present and that this pathologist has conveniently to the operating room a laboratory fully equipped to freeze, section and examine under the microscope any tissue that may be submitted to him for examination. He will be able if he is properly equipped, to freeze, section, and examine under the microscope, and give the sur-

geon a fairly correct report as to the malignancy or not of the specimen examined within from eight to fifteen minutes.

Being satisfied that all is in readiness to proceed without delay, the patient is placed upon the operating table and prepared for operation.

All being ready the surgeon makes his incision so as to best enable him to reach and enucleate the tumor to the best advantage. The tumor being removed it is at once turned over to the pathologist who at once proceeds to freeze, section, and examine it, reporting in the time stated to the surgeon the results of his findings.

While the pathologist is engaged in his work the field of operation is covered with towels and the surgeon waits quietly for the report which determines whether it is to be a radical operation for cancer or the simple enucleation of a benign growth.

If you have arrived at this point with all details properly and carefully carried out you may relax your vigilance as the surgeon who will take the pains to go thus far will be one who will be skillful enough to cope with all further surgical problems in that case.

Your text-book will have told you of the extent of an operation for the removal of a cancerous breast, so that you may intelligently watch the operation, if it should be malignant, with the satisfaction of knowing that you have done everything that was humanely possible to preserve this woman's life to her community, her friends, and her family.

Words fail to express the value to his community of a doctor who is steadfast in his honesty, upright in his purpose, and capable of rising, as to be a true physician. He must rise above the petty handicaps of jealousy, greed and lack of moral courage.

The memory of such a man would be revered long after he had gone to claim his just reward in that Great Beyond and the children and the children's children of his one time patients would indeed rise up and call him blessed.

MEDICINE AS IT USED TO BE AND IS TODAY.*

By J. N. Upshur, M. D., Richmond, Va.

In this time of advanced medical progress in every department of medical science, with the accurate means and appliances for investigating disease conditions and arriving at an accurate diagnosis, many, if not most, men in the profession of this day, have little conception of the conditions existing, and the poor facilities at the command of the profession in the earlier days for accurate investigation of disease. Even the possibilities of the microscope and chemistry were limited, and because of this, errors in diagnosis were common and not appreciated even by the most progressive men earnestly and conscientiously seeking for the truth. To a man who learned his profession when humeral pathology prevailed, and whose foundation was laid in those principles which succeeding years have proven to be errors, and who has seen the introduction of the microscope, the hypodermic syringe, the X-ray, and very many efficient agents added to the *Materia Medica*. We had much to learn about temperature, when the thermometer was first used, erroneous conclusions were arrived at, less accurate than the impression from educated touch. The large number of drugs discovered and standardized and the increasingly accurate knowledge of their physiological action, one considers with wonder and admiration the good work done by ye Doctor of ye olden time. His medical intuition clarified his judgment, the specialist was yet undiscovered, and the Doctor was an all-round medical man, surgeon, obstetrician, and gynaecologist. The mid-wife was a character in every community, looked upon as being learned and wise, even if she did make the woman blow in a bottle to deliver the placenta. The days when exposure to fresh air was considered little less than murder, and the sphere of the surgeon was limited to very narrow bounds, most operations in civil practice being done in the home of the patient, a crudely arranged table, family wash bowl water out of the well, or faucet, no cleansing of the site of operation, surgeon not even washing his hands often, and dressings, any clean rags or bandages home-made. The writer listened for two weeks in his student days to lectures on the various diseases of the female sex, and the

tion of laudable pus and the condemnation of all other kinds. He recalls an operation done in his young days, when called on the street to see a negro man 60 years old suffering with strangulated hernia. The patient was in a wooden shanty, one window so dirty that you could not see through it into the street, a single wooden bed, filthy, shuck mattress so dirty that the stripes in the tick could not be seen, the family tin basin, aged to the point of rust, the vegetable sponge of that day, a grooved director and a knife from a pocket case. About six feet of bowel was returned, and cold water dressing of rags applied. Result: healed in ten days by first intention not a drop of pus and the man back at work in ten days. Explanation, oh ye rigid asepis of the twentieth century! When thieves fall out honest men get their dues, evidently there were so many bugs that they fell out among themselves and the game escaped. The contrast in the methods of medical education in the earlier days and today is very striking. Requirements then, reading for a year in some doctor's office, attendance two years on medical lectures, dissecting one year, length of session five months, no laboratory training, two clinics a week, one medical, one surgical, usually held the same day. Haemostatic forceps unknown, bloodvessels when cut controlled by pressure of assistants fingers or catching with a tenaculum (a sharp hook) and ligating with silk. A case in Howards Grove Hospital (Freedman's Bureau) diagnosed by three competent surgeons as ovarian tumor, operation determined on, but patient died in ten days, before it could be done. Autopsy, intensely thickened omentum filled with small cells containing fluid and adherent to the abdominal walls, tubercle in every organ and tissue of the body except the uterus and ovaries which were perfectly healthy. The abdominal aorta was ligated for the first time in this country by Dr. Hunter McGuire (8th operation in the history of medicine), subject a negro man, lesion aneurism of the bifurcation of the abdominal aorta including the left common iliac. The writer gave the chloroform, and subsequently wrote the history of the case. (See Journal of the American Medical Sciences for October, 1868). At that time entering the abdomen was considered little short of murder. Dr. McGuire did a preliminary operation on a cadaver, making an incision in the left side from the twelfth rib to the crest of the ilium, approaching the aorta from behind the per-

*Read at meeting of the Richmond Academy of Medicine and Surgery April 10, 1917.

itoneum. When the case was operated on a large network of vessels through which the collateral circulation had been established were cut with copious haemorrhage resulting. The urgency of the case was such that an incision was made across the abdomen, the aneurism pulsated against the finger of the operator or assistant, and enormous haemorrhage resulted. A ligature was passed around the aorta catching the left ureter in its bight, facts revealed at the autopsy, the patient lived eight hours. The writer's hospital training was in Freedman's Bureau Hospital immediately succeeding the Civil War, nearly every patient who died came to autopsy, the writer did with his own hands or was present at from two hundred and fifty to three hundred autopsies. This is mentioned to record two facts, it was the very rare exception not to find tubercle somewhere, even when it had not been previously suspected, and it was a very common thing to find gall stones, one or more in the gall bladder, and yet the writer does not recall that he saw a single case of gall stone colic in the fourteen months that he spent in the hospital. A significant fact in the first of these conditions is that before the Civil War tuberculous disease of the lungs was an unheard of thing in the pure blooded negro, only a mild tubercular adenitis in the neck and it was looked on as merely a blemish, harmless except so far as it impaired the saleable value of the subject, if he should be offered for sale. This affection was commonly known as scrofula or king's evil. In the early days of aseptic surgery, subsequent to the passing of Listerism the writer did an operation in an up to date hospital of that day, for the cure of a hernia persisting after an operation for strangulation, subject woman. She could not be prevented from pushing her hand under the bandage, about the site of the wound. Result: death in six days from septic peritonitis. Then surgery passed through all the stages of aseptic development, the various complicated and cumbersome methods of preparation for operation, chemicals and soaps, aseptic poultices of all kinds, applied ad nauseam; until the light of a better day dawned, and iodine came to its own, and is recognized today as the efficient and life saving agent of modern surgery, cleanliness of operator, assistants and nurses being always emphasized. But these up to date conditions of the present day have their drawbacks. Too many want to be surgeons, the glamour of rapidly rising reputation and large fees like an ignis fatuus leads them on,

and in the slough of incompetency human life is snuffed out, because of poor and unnecessary work. How many appendices rest in a bottle which could plead not guilty, and the patient passes into other hands not cured of the disease, and worse off for the surgical experience. When diagnosis is accurate and operation necessary, in the hands of the true surgeon, it is a boon to humanity, and its life saving a positive asset to the body politic, but God save us all from the cutter. Nor is the present day contrast less strong with other departments of medicine. The sanguinary days, when the first thing the doctor did was to tie up the patient's arm and bleed almost ad deliquium anni, then a dose of tartar emetic or ipecac till he almost threw up his immortal soul, followed by and ten grs. each of calomel and jalap, and the doctor returned the next day and asked the patient what is the matter with you? The crude knowledge of auscultation and percussion, illustrated by an incident in the lectures on the subject by my old professor, the late Dr. David H. Tucker, he said "Gentlemen, auscultation is mediate and immediate, immediate auscultation is when the ear is applied to the chest, mediate auscultation is when a stethoscope is used. A stethoscope, gentlemen, is a hollow wooden tube with a sick man at one end and a damn fool at the other." The courtesy of modern days would forbid such comment, but what of errors often made in what is heard, a bruit in the heart diagnosed, when the blowing sound is in the thin overlapping border of the lung and the heart is innocent of any lesion. Diagnosis of serious heart trouble when distressing palpitation exists due to some reflex cause, or distension of the stomach with gas, crowding the diaphragm and thus interfering with heart action. The early days of gynaecology, with the one cylindrical speculum, the common diagnosis of ulcer of the os, later knowledge showing the lesion to be an old cervical laceration, and the periodical, never curing, never ending application of nitrate of silver, and douches multitudinous and innocent of benefit, except the profound impression on the mind of the patient, and she was literally a most valuable asset to the doctor. And oh, ye veteran pessaries, the monuments of ignorance, of all kinds of shapes and materials, not the faintest idea in the mind of the doctor as to why she had a misplacement of the womb. A better day for her dawned and its understanding came after wanderings through many obscure labrynth, and like the woman in the Bi-

ble many things had been suffered from many physicians. A doctor, an old teacher of the writer, told him he had applied a glass ball pessary to keep up a procidentia womb, the lady accompanied him to the door when he left, and politely bowing good morning the pessary dropped out and rolled after him down the steps. And what of the advances from those dark days, since we have learned more of pathology and became more savingly acquainted with the internal anatomy of the pelvic organs. Cures of what was once the impossible are made every day and life saved. In skillful hands, but here she suffers, when fools rush in where angels fear to tread, and when she finally lands in skillful hands the task is there of not only curing the disease, but the consequences engrafted on it by his predecessors. Obstetrics of ye olden time, mortality high, as compared with the present day, fresh air and sunlight eliminated from the lying in room as a menace to life, surgical cleanliness unknown, vulva systematically smeared with hog's lard, the nurse said to take the soreness out. The obstetrition with unwashed hands, nonsterilized instruments, puerperal sepsis rampant, from all causes. Gonorrhoea, supposed to be innocently local, and previous infection of the man before marriage not appreciated as a menace to the health and life of the innocent and trusting wife, who believed her husband to be a veritable Joseph, and subsequently suffered for her blind faith. The menace fully appreciated at the present day, but does the profession with full knowledge of the disastrous consequences, faithfully, courageously, honestly, and honorably do its duty by insisting in season and out, on the single standard for boys as well as girls, impressing on parents the supreme necessity, from the standpoint of physical welfare, if not moral. True eugenics, in the hands of the profession is the keystone of the arch builded by religion, virtue, fair and honorable dealing, purity and love.

In the olden time the month of June was looked upon with fear and trembling by parents, and anticipation for difficult and often unsuccessful work for the doctor, because of the frightful mortality to infants and young children from the great prevalence of so-called cholera infantum, the prevalence of digestive disturbance, known as ileo-colitis, when medication of all kinds was resorted to. Diet without the condiment of hard common sense, and the doctor was often in the same predicament as the Irsihman, who sent in a bill, "To curing your hon-

or's cow till she died." But medical progress by enlightenment which it brought solved the problem and pediatrics was born, and a true knowledge of infantile dietetics and hygiene cleared the clouds and mists of existing ignorance and paved the way for the salvation of infancy and early childhood, banishing the ills it had suffered and enormously curtailing the mortality, till at this day we find the horror of summer time for the young child removed, proper nutrition and a common sense hygiene, laying early a firm physical foundation for future growth and development. The first specialists were the quacks, the vendors of all kinds of lying nostrums, and the genito-urinary men battenning and fattening on the confiding public through lying newspaper advertisements. Cancer curists, making impossible claims, false as the father of lies himself, claiming a skill which the regular physician did not possess, and like the poor these are with us still and always will be. But the crying necessity for study and practice in certain lines, the evolution and equipment of suitable sanatoria, brought forth the legitimate child of the present day to supplant the bastard which was its predecessor. Specialism in every department of medicine and surgery is to the forefront today. But like has its counterfeits. The true specialist every true thing of value, even specialism may, and often is in chronic indigestion, his search for the cause of the lesion in should be a man, broad minded, skilful, with diagnostic ability, which makes him look at conditions in the whole body in his special line of work; why for instance innocent of any pathologic condition ex-assault and mistreat the stomach, which cept as the index of pelvic trouble, chronic appendicitis, gall tract disease, nervous break down, etc., etc. But there are too many counterfeits, in whom the mental lobsidedness is so pronounced and the mental myopia so hopeless, that they have only the ability to see always through a crack. They have taken up specialism so soon after leaving college that they have not even attempted to learn general diagnosis, and would be helpless and imbecile, even in dealing with ordinary wind colic in a baby. God save humanity from all such. So many specialists can only see to be the matter with the patient, the thing in which they specialize. In a recent article a prominent surgeon said, "that if he sent a patient to a heart specialist and he came back without having heart disease he knew it was because the doctor was out." But finally, when one has spent nearly

half a century in the profession and looks back over the past years, the numerous accomplishments of science and invention, all tributes to the genius and versatility of man, he still feels a pride in the science of medicine, which silently, unobtrusively, but with a profound devotion and consecration to the saving of humanity from sickness suffering and death, has marched in the very forefront of achievement and with increasing power is proving to the world, that for diligence in research, for success in accomplishment for unselfish devotion to the service of humanity, it daily and hourly proves, "that greater love hath no man than this that a man lay down his life for his friends." Spectacular indeed are the achievements of the statesman and the soldier, popular applause or the excitement of martial music incite them to achievement. But the doctor, all a man, with a moral courage sublime and God-like, begotten by what is often his only reward, consciousness of duty faithfully performed, pursues the even tenor of his way till the human machine worn out by long responsibility and service, like the true warrior that he has been, he wraps the mantle of his couch about him and lying down as if to pleasant dreams rests peacefully from his labors, falling asleep.

Though from the hero's bleeding breast,
Freedom her pulses drew,
Though the white lillies in his crest,
Sprung from that scarlet dew,
While Valor's haughty champion waits,
Till all his scars are shewn,
Love walks unchallenged through the
gates,
To sit beside the throne.
1103 West Franklin Street.

GROWING FINGERS.

By Charles V. Carrington, M. D., Richmond, Va.

We should never forget what a wonderful mother nature is "vis medicatrix natura est" should be more to the front in this day of meddlesome surgery than it is allowed to be.

Conservative surgery in hand injuries should be more insisted on. By conservative surgery I mean the surgery that conserves or saves every single possible part of a phalanx.

We are too prone, in order to get quick results and good cosmetic effects, to cut off and throw away a crushed and lacerated finger end down to good clean tissue and skin, just to get a nice stump and quickly healed wound. It is much easier to cut off fingers than to grow them; for

growing fingers is a slow and tedious process requiring careful, tender and intelligent dressing of the wounded member from the initial dressing to the final one. A bungling, injudicious assistant can ruin days of repair, reconstructive work by a rudely administered cleansing bath and dressing.

We know the wonderful efficiency of organized blood clot in bone repair work. So the leading thought and the absolute essential in finger repair work, or rather growing finger work, is the assured protection from any and all disturbing or injuring influences which might by any chance arise. Your wounded finger end must be thoroughly and fully protected from the beginning to the end of the period of repair work.

Some years ago Mr. B. H. G. came to my office with a badly hurt right hand. He gave the following history. While hurrying to catch a street car in Washington, D. C., he slipped and fell (face downward, on the icy avenue, and sliding forward, with his hands outstretched before him; before he could stop himself, or be stopped, his right hand got under the front wheels of the street car he wished to board, and quicker than thought, his index finger and the second and third fingers on his right hand were badly crushed and lacerated. A friend hurried him to a prominent surgeon who advised the removal of the first phalanx of the crushed index finger. Mr. G. demurred, asked for, and obtained proper dressing for his injured hand. He at once caught a train for home. When he arrived in Richmond three or four hours after the injury, he reported to me for treatment. I found the second and third fingers on his right hand mashed and cut, but no lost tissue except the finger nail on the second finger was torn away. A comfortable dressing, with apinol as a local antiseptic, was applied, and no further worrying thought given to these two fingers; but the index finger was a poser. The end, with the finger nail, had been mashed off, and the finger was a crushed and bloody mass. I thought at first sight that the Washington surgeon was safe in advising cutting the thing off, at least to the first phalanx. The one thing that struck me was the adherent matted blood clot which had formed during the three or four hours trip to Richmond. So I said, "Let's try and save this finger, if it doesn't do all right, I can take it off just as well a week from now." I told the patient that recovery would be slow, and many painful dressings would be necessary. Against this, a nice clean stump could be made at once, at certain-

ly the second joint, and healing would be rapid and sure. He elected to let me try and grow him a finger.

Today he has a perfectly useful index finger with a rather stubby finger nail, the whole finger being not more than a fourth of an inch shorter than the index finger of his other hand.

The manner of treatment was as follows: The primary dressing was carefully removed and all possible blood clot left undisturbed. A piece of office letter paper was rolled into a cylinder slightly longer than the injured finger and bound around with adhesive. This paper cylinder was thoroughly greased with Ky so it would slip on the finger easily. It was then slipped on and made to cover snugly the whole finger; projecting about an inch longer than the finger was, so as to insure protection for the injured end. Apinol was liberally applied and a soft dressing with additional wooden finger splint applied.

On the second day the outer dressing was removed, not the protecting paper cylinder, and a gentle irrigation of normal salt solution given, then the protecting splint dressing was reapplied. This same treatment was given every other day until the sixth day, when a new paper cylinder gently replaced the rather dilapidated first one. In two weeks a rather presentable finger was on hand and in eight weeks a good nail and useful finger was our reward.

I must apologize for going so minutely into details, but every step is essential, and important, if you would get good results.

The two following cases will be more quickly gone over.

Mr. A. C. H. in attempting to move a very heavy bath tub, got his right hand caught between the brick wall and the tub, and had the index finger and second finger badly crushed. When he reported to my office I found index and second fingers minus finger nails, and both fingers mashed and crushed almost to the second joint. Recalling Mr. G.'s case, I advised the patient to "let's try and grow two fingers," explaining the difference in time and treatment between a quick, clean ablation, and early healing; and a tedious and careful dressing time of several weeks. He elected the growing treatment. The same carefully adjusted, protecting paper cylinders were applied to both fingers, and every detail of gentle and cleanly care instituted. In due time he had two slightly shortened, rather stubby nailed fingers, but, "Oh, such useful fingers," he calls them, as he strokes

them when recalling the tedious dressings of days and weeks.

TWO—GROWING FINGERS

Mr. R. L. S. was badly injured while oiling some machinery in the paper mills. His right hand was caught and fearfully crushed and mangled. He was carried to the City Hospital, where he was prepared for operation, and advised that his right hand, or what was left of it, would be removed at the wrist. He demurred, then kicked and declared no one should operate except his family physician. I was called, and the ambulance very kindly moved him to another hospital. Today he has a good thumb and most of his index finger, with stubs of the other fingers. He is able to do good remunerative wage earning work, and is very thankful for that thumb and index finger, both of them grown a little, but shortened in the saving.

I have reported these cases, and the treatment of them, in the hope that the point may be emphasized that fingers can be saved and at times actually grown.

SOME CLINICAL OBSERVATIONS OF CANCER WITH SOME SUGGESTIONS AS TO ITS PROBABLE CAUSE AND THE IMPORTANCE OF ITS EARLY TREATMENT.

By G. N. Murphey, M. D., Paducah, Ky.

As cancer has never been proven to be a germ disease, I am of the opinion that it has its origin in a constitutional dyscrasia predisposing to it. This predisposition, I believe, is usually inherited although it is sometimes acquired. This opinion is based on the following facts: In a large majority of all cases that have come under my observation, I get a history of the disease having existed in some blood relation before them. I also find the disease much more frequent in the poor than in the rich and well-to-do classes of society. There is unquestionably some specific reason for its existence under these circumstances. In the first place, we know that predisposing causes to certain diseases are inherited, as in tuberculosis, insanity, epilepsy, hernia and many other diseases.

So, also, I believe that there is an inherited predisposition to malignancy. That predisposing cause may be anything that lowers tissue resistance below the normal standard of health. In those who have not this inheritance, but who have cancer, I believe that it is acquired; and, it is most frequent among the poor, I naturally conclude that it arises from those conditions surrounding the poor;

namely, bad hygiene, food of poor quality and insufficient quantity, exposure to mechanical injuries and hardships in general. When this predisposition exists, only an exciting cause is necessary to bring the disease into existence, and this cause is unusually a traumatism, either known or unknown, severe or slight, acute or chronic. I have seen cancer start from a kick or blow, from long continued pressure of the spectacles on the nose or from the friction of a suspender against a mole or wart on the shoulder or back. I have seen three cases that resulted from bee stings. In one case I saw it started from pulling a hair from a pimple on the face. Other causes from which I have seen it start are: sunburn, extraction of a tooth, the sticking of a thorn or splinter into the flesh, mole or wart cut by the razor, and the like. Occasionally it seems to be purely degeneration of the normal tissue into a malignancy without any known cause from injury. In their growth and development, cancers present many different forms and characteristics. Some begin as warts, moles or tumors and attain considerable size before ulceration shows itself. Some start as a water-blister, some as a hard lump beneath the skin, some as a crack or fissure on the hand, lip, or nipple of the female breast, some as a large mucous patch in the mucus patch in the mouth that grows as a leukoplakia ulceration. Some cancers start as ulcers with raised borders and depressed centers and some as a black or purple lump on the lip or tongue. They may be black, white or flaming red. Sometimes they begin as a brown or black scale on the skin which falls off occasionally only to be replaced by another scab. This may be repeated several times before it results in an open ulcer. Then again they grow as a knot on a tree, yet some are flat from the beginning. Others are smooth on the surface, while still others are wart-like in appearance. Some cancers grow rapidly and others grow very slowly. I have seen cancers that presented all of the above characteristics and conditions. No organ or tissue of the body is exempt from attack, neither age, nationality or sex. It does not often occur under thirty years of age, though Doctor Massey records a case of cancer in the eye of an infant only six weeks old. I have seen one case on the face of a child eight years old. The full-blooded negro is almost exempt from the disease; in my twenty-two years' experience I have seen but four cases in the black negro. Malignancy is found among men and women

in about the same proportion. The face, scalp, neck and hands are more frequently attacked than any other part of the body. The breast and womb of women are more susceptible to this disease than any other organs. These are the most common forms as I have observed them.

Diagnosis and Treatment.

After all, diagnosis and treatment are the most important phases of the subject. I am often surprised to see well informed and successful practitioners of medicine who know little or nothing of the diagnosis of cancer, and far less about the rational treatment of it. A great many of the laity do not believe that any educated doctor can cure cancer. They think that the disease must be cured by some farmer or blacksmith or carpenter by the use of domestic or Indian treatment not known to the educated physician. I know of a farmer and also a blacksmith, both of whom were treating cancer and both made the fatal mistake of placing a destructive caustic paste over the carotid artery and thus killed their patients. One of my patients told me that a carpenter had been treating a rather extensive cancer in his mouth with caustics and had made it a great deal worse. I cured him by means of zinc needles applied with electric current. All cancers are local at the beginning and if in accessible locations ought to be cured if treated in time. The curability of any given case of cancer depends upon its size and location. I have been treating cancer for twenty-two years and although my judgment is not infallible in regard to the curability of every case still, in the main it is good. It is not always an easy matter to distinguish between the possible and the impossible, the curable and incurable.

I have refused to treat many cases which I believed to be incurable. Many of these have gone to other physicians for treatment but not one of them to my knowledge has ever been cured. Considering the prevalence of cancer and the great mortality of the disease one would naturally think that everyone suffering from it would seek treatment at the earliest possible moment. But alas, such is not the case. I have known a large number of cancer victims who were well aware of their condition and yet seemed little concerned about it. This especially is true of those whose cancers were slow in their progress of development. I have also observed some of these tardy cases suddenly take on a rapid growth from some slight injury or unknown cause and destroy the patient's life in a few months,

although the lesion had remained as a small insignificant sore for several years' before. In other cases I have known cancer that started as a small lesion advance with such rapidity as to kill the patient in a few months from its inception. Those who do not keep in touch with such things may be surprised when I state that there are about one hundred thousand deaths from cancer annually in the United States.

From my experience in treating malignancy I believe that I can state that a very large majority of all these cases that perish each year could be saved from a premature death if they would seek early treatment. It takes a good deal of experience for anyone to treat cancer successfully. It is a disease that brooks no dalliance with other things nor does it admit of any temporizing methods of treatment. The treatment must be heroic and pushed fast to its ultimatum if success is to be attained. Anyone assuming to treat cancer should be able to distinguish between the deep-seated varieties and the superficial, and push his treatment accordingly.

I can look back upon my earlier years of practice in cancer and recall cases that I lost that I would now have no trouble to cure. Not infrequently a short period of time either of neglect or of uncertainty on the part of the physician to know just how fast to push his treatment may lose his case to him. It is better to treat a case a little fast than too slow; no special harm can come from the former while disaster may follow the latter. One reason for patients not applying for early treatment is that they try to flatter themselves that their trouble is not malignant and they fear that if they consult a physician they will be told the true nature of the malady and that would sound like the summons of death itself. Hence they hug their delusions as long as possible. Other sufferers of cancer are led into a false security regarding their condition by the family doctor who is unable to make a diagnosis in the case and tells the patient the trouble is not cancer and to let it alone lest it become cancerous. There are still others who refuse treatment because some friend or acquaintance had been treated without benefit and they fear that they may share a like fate. My advice to all cancer sufferers is to take early treatment if they intend to take treatment at all.

In this article I have endeavored to show a number of different forms in which I have seen cancer make its appearance. It is an insidious disease which

approaches its host with stealthy strides in the guise of innocence, oftentimes passing the threshold of life before its true character is recognized. Would that every competent observer would take upon himself the Christian duty of educating the public in the primary signs of cancer. In concluding this article I wish to detail a clinical case of cancer which is of more than ordinary interest because of its extent and location. This was the case of a laborer fifty years old who came for treatment July, 1913. The cancer started on the nose near the eye and when I saw it, it had invaded about one-third of the orbital cavity. This case seemed unfavorable for treatment owing to the proximity of the diseased tissue to the brain. However the man was anxious to take any treatment that held out hope for cure, however small. Accordingly he was chloroformed and eight zinc needles were placed deep into the diseased tissue and connected by number 32 insulated copper wire to the positive pole of the wall-plate. A pad of absorbent cotton about six inches square wet with a solution of sodium chloride was placed at the back of his neck and connected with the negative pole in the same manner as the positive connection. 150 M. A. of current was passed for forty minutes. This destroyed most of the diseased tissue which came away in a slough in ten days. The sight of the eye was destroyed in the general results of the treatment. Three weeks later a second treatment was given differing in no way from the first, and this succeeded in destroying all the diseased tissue. Two weeks later the dead eye was removed by surgery and the patient made a splendid recovery. Nearly four years have now elapsed with no signs of a recurrence of the disease. I know of no other method of treatment that could have been successfully employed in this case.

MENTAL HYGIENE.

By W. C. Ashworth, M. D., Greensboro, N. C.

The conservation of the mental health of the individual should be of equal, if not of more importance than conservation of the physical well being. The present is essentially an age of prevention or in the common parlance of the street "preparedness." It is a generally conceded fact that the mind of the individual depends largely upon heredity and environment. We are now cognizant of the long

*Read before the meeting of the Tri-State Medical Association, February 21, Durham, N. C.

obsured truth that inbecility, epilepsy, inebrity, prostitution, vagrancy, insanity, pauperism, as well as indolence and other mental enfeeblement are traceable to a defective or unstable nervous system. It does not require a large display of figures to satisfy the most doubting mind of the above statement. We are informed for example, that there are now 200,000 insane people in the United States whose support is a financial burden of incredible proportions and that the number is steadily increasing because imbeciles propagate their species without let or hindrance. The desperate nature of mental disease is brought home to us, as well as to the non-scientific mind, that only twenty-five per-cent may be cured, (a much larger per cent. of typhoid is cured) and we move heaven and earth to prevent the disease. Why then should we need the urge of a benevolent national committee to help us in the prevention of this great terror which holds a malign menace over our energetic, strong and hopeful people. Just as in tuberculosis, ignorance thrilled the world with despair until Robert Koch's discovery imbued good men and women with hope and cheer, so may we hail the results of a deeper study of insanity as an augury of success in eliminating the world's greatest scourge. Especially, should medical men be urged to give more profound study to the problem of prevention and early treatment of mental disorders. The urgent demand for dissemination of knowledge of mental hygiene is evidenced by the fact that so practical a man as Henry Phipps has given a million dollars for the building, equipment, and maintenance of a clinic for mental disease at Johns Hopkin's Hospital, which serves as a model for the study of the prevention and treatment of mental diseases. Every large center of population needs such an institution. There is present need for many more equally well equipped psychiatric clinics like that which Henry Phipp's generosity has given to Johns Hopkin's University. It is lamentably true that so few of our American Universities are prepared to give anything like proper training for experts to teach in these much needed psychiatric clinics. The student who now seeks to gain the training must in most instances go abroad. There is great need that more attention should be given to the subject of mental diseases in our medical schools, that the general practitioner may be better prepared to recognize incipient cases of mental diseases and aid in securing proper treatment. There is urgent need for more room and better institutions to care for the mental-

ly sick. The laws in many states, in regard to the commitment of the feeble-minded are chaotic, and in some, absolutely dangerous to the public. All backward children should be given careful mental examinations by competent medical examiners and all juvenile delinquents should be given similar attention. I hope that a movement will be organized which will ultimately lead to the employment of trained mental experts, not only in juvenile courts but in our lower criminal courts.

The relation of crime and criminality to insanity and mental defectiveness must be carefully studied so the legal aspects of the problem may be made to conform more closely with its mental aspects. It is a lamentable fact that these results can not be accomplished without spending large sums of money, but unfortunately, every county in this country is, every day in an increasing measure, paying the penalty of its neglect of the insane and mentally defective, also we are paying this penalty in dollars and cents, as well as in unhappiness and crime. I believe every dollar spent in the direction of better care for our mentally sick is in the best and truest sense a national economy. It is indeed an ancient fight against an ancient evil, though waged in a new and scientific spirit, that promises ultimate success. The much desired-end in view was voiced in the ideal of old "the sound mind in a healthy body." "*Sana in corpore sano*" should be the watch word of the day.

It is a general lack of information regarding the cause of mental diseases, that is largely responsible for the slow progress which has been made for the better care of insane. Any person who doubts that a large proportion of so called criminals are in reality mental defectives, will find food for thought in the fact that upon examination of adults in a number of reformatories between thirty and forty per cent. pass the Binet-Simon tests for the physical age of fifteen. Some of the adults examined were graded by the test at the mental age of five. This means that men too feeble in intellect to know the difference between their right and left hand, or between morning and afternoon, are being punished as criminals. The injustice of conditions like these, is no more terrible than their cost to the community which permits them. It is estimated that a side from the insane under proper care and treatment, there are in the present time between two and three hundred thousand mentally defective persons in the United States, and of this number only ten per cent. are in

proper institutions. What are the inevitable results? Future generations will in a greater measure pay the penalty of our failure to provide for the segregation of these unfortunates. Their children in the majority of cases will inherit their mental defects, and the nation an ever increasing legacy of destitution and crime. It is a sad fact that one-third of all the patients who are admitted to the institutions for the insane, have had their disease for at least one year. The reports of the New York State Hospital showed that for nearly ninety per cent. of the patients who recovered last year, that the duration of the mental disease had been less than one year before admission. The relation of these two facts is of tremendous importance. If we, intelligently inquired, particularly into the cause of this disastrous delay in obtaining treatment for mental cases, it is apparent that the principal cause is, lack of information regarding the means to be taken to secure treatment in an institution. If we take into consideration the expense borne by society for the care of the feeble or abnormal minds of criminals, inebriates, paupers and social parasites generally, we see what enormous sums of money could annually be saved by applying a method which will prevent anomaly and defect or which will restore working capacity and economic independence to those suffering from mental disorders. It is hoped that the various phases of these problems will appeal to philanthropic individuals who are willing to give of their surplus to better the minds of their people. We need more physicians who are better trained in psychiatry who will be more helpful than now in counselling regarding the marriage of people with psychopathic tendencies, concerning the hygiene of pregnancy, of birth, of childhood, of puberty and of the climacteric period and to the education of backward or of peculiar children, and with advice in reference to dietetic or sexual and occupational hygiene. We need to recognize mental disorders earlier than now, that is at a stage where many of them are curable, and in this way will do much toward overcoming the prejudices of the people against referring the most serious cases to expert care in suitable institutions. Our school physicians should become more expert in differentiating the congenital from the acquired mental defective, between the remediable and irremediable.

A Clinical Consideration of Migraine.

(By John A. Litchy, M. Ph., M. D., Pittsburgh, Pa.)

Migraine is considered by the author as the most frequent headache, occurring in 700 of his 15,000 patients sick from all causes. He believes that the so called acidosis in children may often be a forerunner of a well established sick headache habit. The interesting relation between migraine and epilepsy deserves further study. Among the author's 15,000 patients epilepsy occurred in 7, and both migraine and epilepsy in 70. Auerbach's theory which attributes migraine to an actual disproportion between skull-capacity and volume of brain, needs further proof. In the International Clinics for December Dr. Litchy, shows that the diagnosis is easy when there are headaches which are unilateral, periodical and hereditary, but when only one or two of these symptoms are present, or when there is only a periodicity of some of the minor symptoms or possibly of the auras, the diagnosis may be difficult. Migraine is frequently mistaken for pelvic disease, for acidosis or cyclical vomiting in children, and organic disease, when some of the auras are present. The psychasthenic and the gastric symptoms frequently lead to confusion in diagnosis. While the underlying causes of migraine are vague and furnish little light as to treatment, much can be done to ameliorate the symptoms by proper handling of the exciting causes that aggravate the patient's general condition and precipitate the attacks. Most thorough investigation and careful individualization are indicated. Systematic administration of the bromide salts and avoidance of undue fatigue are especially recommended.

The Continued Use of Cod Liver Oil.

A marked disadvantage attaching to the long continued use of the ordinary emulsion of cod liver oil is the gastrointestinal distress thereby occasioned. In many instances this distress makes it obligatory to discontinue the oil's use.

It was to obviate this bad feature of cod liver oil administration that Cord. Ext. Ol. Morrhuæ Comp. (Hagee) was perfected, and how well it has met the purpose for which it was intended is best shown by its wide popularity among the profession.

Cord. Ext. Ol. Morrhuæ Comp. (Hagee) offers every advantage of the plain cod liver oil, and owing to its palatability and easy assimilation it may be used indefinitely without causing gastrointestinal disturbance.

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CHARLOTTE, N. C.

POSITION TAKEN BY THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA ON THE EXPERT TESTIMONY PROPOSITION.

That the past and present position of medical experts in the courts of the land is not all that could be desired all will admit, hence the resolutions appended below introduced at the recent session of the North Carolina State Medical Society by Dr. A. W. Knox, Raleigh, N. C., one of the state's most distinguished practitioners, and an honored ex-president of the Society, unanimously adopted by the Society, will be read with more than passing interest.

The plan suggested will if arranged for by satutory enactments, will go far toward re-arranging on a proper basis the disturbed and anomalous position occupied by members of the profession in essaying the role of medical expert witness:

Preamble and Resolutions on Expert Medical Testimony Before the Courts:

Whereas, the medical expert witness, at present selected and used in our courts, has justly become a reproach to our profession and to the great science of medicine in the public mind; and

Whereas, the divergence of opinion between all the experts on one side and all the experts of the other side on a given scientific question is often radically and uncompromising; and

Whereas, this unfortunate situation is largely due to the fact that many physicians of deservedly great reputation are not in reality, true experts in the particular line of inquiry before the court, and to the further fact that, in the weakness of our human nature, few can avoid being more or less biased in favor of the side which employs them; and

Whereas, it may happen that a real expert of great knowledge and skill, but low moral character, may for a consideration so testify against scientific truth as to convince the court and jury—who, in the nature of things, are ignorant of the elaborate and intricate technicalities of medical science—and may thereby bring about a gross miscarriage of justice; and

Whereas, in view of the above, the medical expert should always be a true

expert and a wholly impartial witness; now, therefore, be it

Resolved: That it is the sense of the Medical Society of the State of North Carolina, in regular meeting assembled, that—in the interest of justice to all our people and for the protection of the good name and dignity of our profession—the medical expert should be as free from bias as the judge upon the bench; and be it further

Resolved: That, to promote this laudable end and purpose, some method should be devised by the legal profession, whereby all medical experts shall be selected by the court and paid by the state as the medical advisors of the court.

Resolved: That a copy of these resolutions be sent to the Supreme Court of North Carolina, through its Chief Justice, and that they be published in The Asheville Citizen, The Charlotte Observer, The Raleigh News and Observer, The Raleigh Evening Times and The Greensboro Daily News—for the proper information of the public generally as to the position taken on this vital question by this Society.

Dr. Greenwood has recently observed that Scopolamine and Morphine during labor give highly satisfactory results for both mother and baby from the use of this method of analgesia in a series of consecutive cases. In a series of 150 cases, he emphasizes the fact that success can be secured only under proper conditions of quietude for the mother and the constant attendance and observation of the operator throughout the entire course of labor. Of these 150 cases, only two patients failed to show satisfactory results from this method, giving a proportion of over 98 per cent. of successes.

As a general rule no fixed plan of administration can be followed or a fixed sized of dose established. He believes the chief element of success rests with the judgment of the operator. A small proportion of the babies in his series were somewhat oligopenic but none were asphyxiated, and none required treatment on account of the drug used. Labor was not delayed and accidents and complications were not more frequent than by other methods and the infant mortality was as low as the general average for other methods of delivery. The essential feature of safety was to secure complete amnesia only and not to carry the administration of either of the drugs to the point of anesthesia. With this treatment, according to various reports from other writers, shock and the feeling of exhaustion was not so well marked, and not so much exhibited where treatment of this

kind is adopted.

The author quoted is a little in error, perhaps, when he states that labor was not prolonged; the use of drug referred to certainly prolongs the first stage of labor, and apparently increased the activity of the uterus in the second stage.

MIND CURE.

Of many methods of treating disease, probably the so-called "mind cure," and the false security of Christian Science, are at once the most ridiculous, and fraught with fraud.

While there is no doubt that certain physical affections and mental conditions are modified, to suppose that the character and result of disease are changed, or averted, by the simple volition of another, is too absurd to be entertained for a moment.

Every physician knows he can influence his patient by his own mentality, when in his immediate presence; but these impostors claim the power of healing even by absent treatment—if it can be called treatment! For the physician to ignore the power to influence his patients by his own encouragement, and magnetism, would be neglecting a very important and legitimate agency. It is no admission that he endorses "mind cure," as it appears in these latter days.

If a physician comes in with a hypocritical expression on his face, he will depress and alarm both the sick, as well as those concerned. Let him be careful to avoid any appearance of gloom and anxiety; as the patient either gathers hope or despair from the face of the physician. If he is cherry and encouraging in his ministrations, he is sure to inspire hope in the mind of the sick. It is a great thing when it can be said of a doctor, that the patient feels better as soon as he steps into the room! That was the peculiar power the old-time family doctor possessed. No one can deny the power of one person over another, either for good, or evil; and of course, a doctor's influence is for good! If the "mind cure" were practiced within limits, and without the miserable attempt to shield itself under Christian garb, the results would be of unquestionable benefit. But when it comes to grasping, and claiming to cure all diseases, its fallacy is apparent.

KEEP WELL.

An ounce of prevention may save a pound of cure.

A sure diagnosis solves and simplifies treatment.

Treatment, on an uncertain diagnosis,

is doomed to failure; it is moreover unjust, unfair, and may be dangerous.

A bungling treatment is worse than none.

If you don't know the indications for medical treatment, you are at sea without chart or compass.

Study symptoms closely and quickly, and reach a definite conclusion, before treatment.

Hasty conclusions may be based on false deductions.

A true diagnosis key unlocks the hidden secret of disease.

Life and health are the rewards of temperance, moderation, and system.

Fast living is slow death.

Excesses impair health and shorten life. The simple life is the long life.

For strength, athletics don't beat sawing wood!

Manual exercise beats brain work, for health.

The secret of health is out-door life. Out-door oxygen instead of in-door carbon; pure air, and no carbonic acid gas. Night air in bed-chambers insures morning refreshment.

Stuffy flats are hot-beds of disease. Cave-dwellers are healthier than flat-dwellers. Gypsies are hardy, but close house-dwellers are weaklings. Fill the lungs with early morning air, and the blood will tingle to the finger-tips. Plenty of fresh air will impart a glow to the cheeks, and soundness to the lungs.

Invigorating air is a foe to deadly germs; mountain atmosphere is germless; tenters of the slopes of the Rockies destroy tuberculosis bacilli; they sleep well, and feel well.

The conclusion of the whole matter is that health, long life, happiness and vigor, depend on conditions conducive to such vigorous manhood, such as regularity and moderation in habits of eating, exercise, and physical and mental rest.

PUBLIC HEALTH AND THE FINANCIAL INTERESTS OF PHYSICIANS.

Of more than passing interest in other pages of The Journal will be found an article from the pen of the talented Secretary of the North Carolina State Board of Health, Dr. W. S. Rankin dealing with some phases of this interesting subject.

While it is undeniably true that almost all of the principles on which the modern practice of public and private sanitary and hygienic endeavor is based upon the work of physicians, yet there are many good practitioners who do not interest themselves to any great degree in aiding

in the working out of solutions to the community health problems, leaving to laymen duties that in many instances clearly belong to our profession.

In the main this is due to the fact that a busy physician has scant time to attend to things other than the aches and discomforts of his clientele, while every community has numbers of men and women with ample leisure for anything that will bring them into public notice or comment. Yet at times, undeniably, a few men of the profession are indifferent to community health problems, believing such work is to an extent at least, antagonistic to their business interests.

To all such, and to others as well, Dr. Rankin has performed a distinct service in the presentation of this paper to the recent session of the State Medical Society at its Asheville meeting. In his health work, he has never lost an opportunity to lend a helping hand to the best interests of the practitioners, and formerly one himself, he entertains the highest appreciation and regard for their laborious labors. Certainly a careful reading of his paper will convince every physician that the greater development of public health interests will help rather than hinder, the business interests of the physician.

J. H. W.

NOTE FOR C. S. TO CRACK.

"Honor the physician according to thy need of him; for verily the Lord hath created him.

From the Most High cometh healing; and from the King, he shall receive a gift.

The skill of the physician shall lift up his head; and in the sight of great men, he shall be admired.

The Lord created medicines out of the earth. A prudent man shall have no disgust at them.

Was not water made sweet with wood? that the virtues thereof might be made known?

And he gave men skill, that they may be glorified in his marvelous works.

With them doth he heal a man; and taketh away his pain. With them, will an apothecary make a confection; and his works shall not be brought to an end. And from his, is peace upon earth."

"My son, in thy sickness be not negligent; but pray unto the Lord, and he shall heal thee. Put away wrong doing, and order thine hands aright; and cleanse thine heart from all manner of sin. Give a sweet savor, and a memorial of fine flour; and make a fat offering;

then give place to the physician; for verily the Lord hath created him; and let him not go from thee, for thou hast need of him.

There is a time when in their very hands is the issue of good; for they also shall beseech the Lord, that he may prosper them in giving relief, and in healing for the maintenance of life.

He that sinneth before his Maker—let him fall into the hands of the physician!"
F.

N. C. STATE HEALTH OFFICER'S ASSOCIATION MEETING AT ASHEVILLE, N. C.

The annual meeting of the State Health Officers of North Carolina was held Monday, April 16, in advance of the Society's meeting Tuesday, and was well attended by representative public health workers from almost all the counties, and the members of the State Board of Health.

Rev. C. W. Byrd invoked, Asheville's well known phthisiologist, Dr. G. P. Ambler graciously welcomed, and Dr. C. O'H. Laughinghouse responded, after which Dr. Arch Cheatham, Durham's capable health officer, delivered the Presidential Address which was appropriate, carefully prepared and well received.

An instructive feature of the session was lucid explanation from the Secretary of the State Board of Health, Dr. W. S. Rankin, of the new statutes relating to contagious diseases which takes effect July 1st, 1917.

Life Extension Work by Dr. D. C. Absher, attracted much interest. Dr. Chas. O'H. Laughinghouse, President of the State Medical Society, was present and delivered a most helpful address embodying a strong plea for state-wide inspection of school children and also the suggestion that it was also a public function to properly diagnose and treat all mental as well as physical inefficiencies of its school children. The address was one of the most notable features of the meeting and attracted much attention not only from progressive physicians and sanitarians but from the cultured laity of Asheville who in large numbers attended the open sessions of the Association of Health Officers.

The following were elected officers:

President—Dr. D. C. Absher, Henderson.

Vice-President—Dr. M. T. Edgerton, Greenville.

Secretary-Treasurer—Dr. G. M. Cooper, Raleigh.

YOUNG "OLD AGE."

"Though he looked old, yet he was strong, and lusty;
For in his youth he never did apply hot and rebellious liquors to his blood;
Nor did he with unbashful forehead woo the means of weakness, and debility.
Therefore, his age was as a lusty winter—frosty, but kindly."

How should one live? The ancient patriarchs lived to an advanced age; but they were tent-dwellers, and lived the "simple life." It is not possible for men who wear themselves out by nervous stress and strain to attain a youthful old age. The present day life is too strenuous! Perhaps those who follow pastoral pursuits, and who live quietly and systematically, retain their buoyant spirits to old age. The years pass uneventfully with them.

If one would have the years bear lightly upon him, he must observe regularity of habits; get enough sleep, and remember that "sleep knits up the raveled sleeve of care!" Take out-door exercise; don't be gluttonous; but eat plain food enough to satisfy hunger.

Mental employment is conducive to an enjoyment of time as it passes; and the mind and body are the better for it, provided no excess is indulged in. Look at the bright side of life! Be optimistic, always! Be a Christian, well-anchored in a sustaining faith, and the love that "casteth out fear." Be cheery, helpful, sociable, amiable, kindly; and try to live evenly, frugally and temperately in all things. If these things are observed, a green old age will be the reward.

F.

HAVE THE PUBLIC A RIGHT TO KNOW WHAT THEY ARE TAKING IN PATENT MEDICINES?

The North Carolina State Board of Health at the recent session of the State Legislature secured the introduction of a measure designed to secure needful publicity of the ingredients entering into the make-up of the various "patent medicines" sold in the state. Championed by the able and highminded gentleman occupying the gubernatorial chair, endorsed by the State Board of Health, and energetically pressed in both houses, it failed of adoption because the people are not yet fully educated to the necessity of such legislation. For years past in North Carolina the bran fed cows, and the fertilizer fed potatoes and corn, were required by statute to record their ingredients on the container, but the relative value of "babes and sucklings," as compared to inferior

animals which may be cashed any day, has not as yet been so keenly appreciated. However, the leaven is working, and within a reasonable period such enactments will certainly be secured not only from North Carolina Legislators, but all over this wide land.

A similar measure has since been before the legislatures of Georgia, California and other states.

Legislators are not to be harshly criticised by medical men for their inability to readily understand this question, and to be able to fully and at once overcome the influence of the usually suggested, sinister motif which influences physicians in asking such legislation, but as a rule North Carolina legislators are readily responsive to intelligent reasoning as well as to the expressed wishes of their constituents, and the day of the secret alcoholic and other "dope" quack medicine in North Carolina masquerading as a valuable "nerve-tonic and blood purifier" is almost ready to be enrolled in the things that have passed, happily, never to return.

In the intelligent conception of the great mass of matters in which the medical profession and the State Board of Health were interested, and in the liberality of the appropriations made, the recent North Carolina Legislature deserves and receives the commendations of the physician-citizen.

The creation of the State Board of Examiners for Chiropractics and their licensing as such, was on first view an absurdity to put it mildly. Viewed in another light, this very measure may all the more speedily pave the way for even higher standards of requirement from all men and women who essay the difficult, and admittedly growing more and more difficult, task of healing the sick in our state, in bringing, possibly in the near future, the examination and licensing of all physicians, dentists, pharmacists, osteopaths, chiropractics, et cetera, under the closer and more rigid control of the state by legal enactments to be worked out later.

J. H. W.

The Rockefeller Foundation has stated that they will appropriate \$875,000 for the purpose of aiding the war or to be spent for war purposes in Europe. Of this \$475,000 will be spent in America for medicinal research and humanitarian aid, and the remaining \$400,000 will go to continue relief activities now being carried on abroad.

The Rockefeller Institute for Medical Research gets \$200,000 for the Carrel Hospital to be established during the

next few months in connection with it. This model hospital of 100 beds under the direction of Dr. Alexis Carrel, is to be used to teach the new methods of surgical treatment for infected wounds, worked out by Doctor Carrel and Doctor Dakin in France.

The Rockefeller Institute receives an additional \$60,000 for instructing military and other surgeons in new methods of diagnosis, for the preparation of serums similar to those it has sent abroad for use in army camps, and for the purpose of finding improved means of treating peritonitis and shock.

Funds were also provided for thorough study abroad of mental diseases among soldiers, and the kinds of provision needed for their care at the front and in base hospitals. This investigation is to be undertaken by Dr. Thomas W. Salmon, medical director of the National Committee for Mental Hygiene, who is to supervise American psychiatric hospitals to be established by the Government. Doctor Salmon will develop methods of receiving, classifying, and distributing the various kinds of mental and nervous disorders. The Foundation has appropriated \$15,000 for buildings for a naval psychiatric hospital to be erected on the grounds of the United States Marine Hospital in New York by the National Committee for Mental Hygiene and operated by the United States Public Health Service.

N. C. POST-GRADUATE MEDICAL COURSE POSTPONED.

The inauguration of the Post-Graduate Course for Physicians, devised by the genius of Dr. W. S. Rankin, Secretary North Carolina Board of Health, and operated with such marked efficiency during the summer months of 1916 in North Carolina, will be postponed this season. Owing to the conditions developing on account of the war the instructors of 1916 together with quite a number of those ordinarily expecting to take part in the course as students, are members of the Medical Section, Officers' Reserve Corps, U. S. A. and U. S. N., hence the 1917 sessions must be postponed to the regret of many. Dr. Rankin is deserving of much credit in devising this scheme of post-graduate instruction for practitioners in their home cities, and last week he attended the annual session of the Medical Society of the State of New York at Utica, N. Y., to deliver an address explanatory of the plans devised by him and put into such successful operation under the auspices of the University of North Car-

olina in the summer of 1916.

DELEGATES NATIONAL ASSOCIATION STUDY AND PREVENTION OF TUBERCULOSIS.

Gov. T. W. Bickett has appointed the represent the state at the annual session of the National Association for the Study and Prevention of Tuberculosis to be held in Cincinnati, O., May 9-11, 1917:

Drs. J. Howell Way, Waynesville; R. H. Lewis, Raleigh; E. C. Register, Charlotte; T. E. Anderson, Statesville; F. R. Harris, Henderson; Chas. O'H. Laughinghouse, Greenville; E. J. Wood, Wilmington; Cyrus Thompson, Jacksonville; Col. J. L. Ludlow, Winston-Salem; L. B. McBrayer, Sanitarium; P. P. McCain, Sanitarium; S. W. Thompson, Sanitarium; Otho Ross, Charlotte; W. L. Dunn, Asheville; Thompson Frazier, Asheville; M. A. Royall, Yadkin; J. G. Haines, Winston-Salem; V. F. Couch, Yadkinville; Hubert Haywood, Raleigh; Z. M. Caveness, Raleigh; A. S. Root, Raleigh; W. V. McCanless, Danbury; and B. K. Hays, Oxford.

The Governor has apparently and most felicitously remembered the patent fact that the club women of North Carolina are today most helpful in their study and influence for public health, and designated 100 representative women of the state in addition to the above list of well known physicians.

TYPHOID FEVER.

There have been volumes written on the nature and treatment of this disease. Perhaps there never has been a better description of it than that of Bartlett, away back in the thirties. He was one of the most learned members of the Faculty of the "Transylvania Medical College," at Lexington, Ky. Such men as McDowell, Drake, Yandell, Cook, and Benjamin Dudley, were distinguished men of their time. Except for asepsis, and anti-sepsis, they were, otherwise, authorities on grave fevers; for in their day, vernal and autumnal fevers, were fearfully prevalent in the Ohio and Mississippi Valleys. The treatment of fevers was characterized by rather heroic measures. If the patient survived the Dover, bark decoctions, and drastic purgation, he had to have a good constitution. While they understood the etiology of typhoid, they were not successful in treatment. Today, the simplest and mildest treatment is the best. Concentrated liquid diet, internal anti-septics, and hydro-therapy, will bring a case through safely. Perhaps for antiseptics, the sulpho-carbolate or salol, which helps

to control temperature also, are excellent. A good procedure is to give an enema every two or three mornings, in the event there is a decided constipation, composed of turpentine one drachm, added to the yolk of an egg, well beaten, and then stirred in a quart of warm water, passed slowly into the bowels. It expels gas, and prevents meteorism and tympanitis. It is also antiseptic. Good nursing and care, with little medicine, are all that may be needed. Don't drug them! An anodyne may be indicated sometimes; but not often. When the bowels act, let the action be passed into a vessel, in which there is a solution of calcium chloride; say a pint for each stool. A good practice is to dissolve a quarter of a pound of calcium chlor., in a gallon of water, the same to be kept in a stone jar. After the vessel receives the alvine discharge, rinse it with hot sterilized water, then put in a pint of chloride solution in the empty vessel, ready for the next movement. It is a sure germ killer.

The modern conservative treatment, and management of typhoid fever, should reduce the fatality to almost nothing!

F.

THE PRESIDENT'S ADDRESS AT THE ASHEVILLE MEETING N. C. STATE MEDICAL SOCIETY.

Dr. Chas. J. O'H. Laughinghouse, President of the Medical Society of the State of North Carolina is not only a physician of superior type, but a thinker and a writer of great thoroughness and fine discrimination. His address at the opening session of the State Medical Society in Asheville recently was pronounced by all who heard it one of the finest in the history of the society. Published in another portion of The Journal today, it will be read and re-read with more than passing interest epitomizing, emphasizing if you please, so many of the vital things that today engage the attentive consideration of thoughtful men of medicine.

Rarely indeed has it been the good fortune of a State Medical Society president in his annual message to so faithfully and completely portray substantially all the important places of immediate professional concern, but Dr. Laughinghouse succeeded to a wonderful degree in an address of not undue length in presenting facts stimulative and helpful of better thought and better things in the profession and its allied affairs.

Jealous in marked degree of the honor and dignity of his profession, in every paragraph was manifest the ideals of one

who loved his calling, respected his colleagues, was keenly cognizant of both his opportunities and responsibilities, and when the delivery of this fine address was concluded, men of the audience, thoughtful students of the many things that concern men of medicine in North Carolina, felt it was a great production, worthy of the man and the occasion, and a distinct contribution to the best of our state's medical literature.

In the opening passage, with fitting reference to the many beauties of attractive Asheville, he passed rapidly to the defective classes and measures for their betterment, the responsibilities of the profession, Dr. Rankin's plan of Post-Graduate instruction for physicians, considerations as to licensing boards for physicians and the suggestion of a farther study of this subject by a committee of the Society, social insurance, group practice, hospitals needed in the state and their standardization, references to the earlier history of the society, medical preparedness for the state and Nation, closing with an eloquent plea for earnest endeavor on our part in effecting the placing our dear old state in her rightful place in civilization's fateful march.

In every phase, a truly great address; its perusal will alike entertain, and instruct.

J. H. W.

NORTH CAROLINA.

The will of Caesar Cone, Greensboro, N. C., recently deceased, provides \$10,000.00 for the proposed Moses H. Cone Memorial Hospital, for the erection of which hospital at Greensboro, N. C., and Blowing Rock, N. C., funds will be available within a few years it is now claimed, and a number of other bequests for various philanthropies in the State and South, of sums of \$1,000.00.

A NATIONAL LEPROSARIUM.

Not only will the average layman be much gratified, but physicians in general, and sanitarians as well, are gratified at hearing President Wilson has signed the recent congressional bill appropriating \$250,000.00 for the establishing under the control of the U. S. P. Health Service, a National Leprosarium where all lepers in the nation may be segregated and properly cared for. While the disease is regarded as being but feebly communicable from person to person and that only with prolonged and most intimate contact, yet the deeply wrought fear of almost every one of the disease, coupled with kindly consideration for the welfare of the unfortunate victims themselves,

fully warrant such expenditures of the public funds. With all the Nation's lepers assembled in one institution, the possibilities of more intensive study with a view to its ultimate eradication as well as the cure of individual cases, becomes a greater possibility.

J. H. W.

STEADINESS.

Determine the nature of a disease, as soon as possible; and when you have done so, determine the line of treatment. Don't vacillate! Every little side-issue pain doesn't demand a new prescription. There are physicians who change, and pile up boxes of capsules, powders, and liquids, the result of indecision and instability, which not only accomplishes nothing, but adds vastly to useless expense.

There are doctors, if treating a case of typhoid fever, will leave enough medicine, **set aside**, to treat **several** cases of fever! There is nothing excusable in vacillation. Know what your patient needs; but give as little medicine as possible, and don't prescribe but a small amount at one time!

Steadiness implies scrutiny, judgment and intelligence. It means a specific and unswerving purpose to an end. Vacillation implies ignorance. Don't scatter; but use rifle shots. Aim at the seat of disease, and don't waste valuable time in reaching a decision—a definite conclusion. If you are slow, and not keenly observant, a patient may slip through your fingers. Tax your skill and knowledge to the limit, and that quickly. When you arrive at a conclusion, and determine the line of treatment,—stick to it! “F.”

CHRONIC DUODNAL INDIGESTION IN CHILDREN.

This condition is said to occur most frequently in children after the first year, and especially in those who have suffered from dietetic errors, usually with antecedent contagious diseases, or from prolonged intestinal infections, and this is fully covered by Foote in the December International Clinics. This form of indigestion seems to be accompanied by deficiency or pancreatic frements, especially lipase. A mild duodenitis, which either passes up the pancreatic duct, or diminished hormone formation, seems responsible for the condition. Diminished bile production may also be a factor. Anemia, loss of weight and mental undevelopment occur. Large pendulous abdomen are common. Bottle feeding has been employed. Fever may be encountered, vomiting almost never. The number of daily stools varies from 3 to

12. They are thin, contain some mucus and flakes of whitish material and have a very foul odor. They give an acid reaction and microscopically contain not only large quantities of fat soaps, but also a considerable amount of neutral fat but rarely starch granules. It is to be differentiated from mesenteric tuberculosis and acute duodenal indigestion. The treatment consists in reducing the food elements which have proven indigestible, namely, the fat, and stimulating enzyme production by the administration of hydrochloric acid and pancreatic ferments.

SLEEP.

“Sleep knits up the raveled sleeve of care.” “Tired Nature's Sweet Restorer.” In this rapid, nerve-racking age, where men carry their business perplexities to bed with them, it should occasion no wonder to hear of so many “nervous breakdowns.”

Such persons fail to get the restoration so necessary to exhausted nerves; and are deprived of that refreshment of good, sound sleep. Insomnia finally becomes a miserable condition; and such cases are unmanageable so long as the business cares exist. Going here and there to escape their worries generally does no good, because the nervousness and insomnia have become so confirmed that little can be done to relieve them.

The manner of living of well-to-do people in the larger urban districts, is all but conducive to sound nerves, good stomachs and good rest. They dissipate by keeping late hours, frequent clubs where they indulge in rich viands, and such a thing as repose of mind and body is impossible. On the other hand, the working classes, and those who are engaged in pastoral pursuits, live on plain substantial food, and are not troubled with “arterio-sclerosis” and the train of ills resulting therefrom. With them “appetite waits on good digestion. They don't go to bed with stomachs loaded to the limit with indigestible food. They earn a good night's rest, and they get it. They retire early and rise early. Their lungs get the invigorating early morning air—the purest; while the brain worker retires late, and rises late, uninvigorated. What a boon it is, to “wrap the drapery of the couch about you, and lie down to pleasant dreams!”

THE BIBLE VS. CHRISTIAN SCIENCE.

Hezekiah, King of Jerusalem, had a carbuncle on the back of his neck; and Isaiah prescribed a poultice of green figs. He recovered.

Moses, on a certain occasion, warned the Children of Israel that if they didn't keep the covenant, God would send terrors, consumption, etc., which would destroy them.

Rebecca died in child-birth.

"And there sat in the window, a certain young man named Eutyichus being fallen into a deep sleep; and as Paul was long preaching, he sank down with sleep, and fell down from the third loft and was taken up dead. And Paul went down and fell upon him, and embracing him said: 'Trouble not yourselves, for there is life in him.' And they brought the young man alive, and were not a little comforted."

Miraculous healing was common; but it was done by inspired men, and can't be done by any who have not holy inspiration! St. Peter cured the lame, and restored Dorcas to life. Who can do such miracles now? Christ healed the sick; cured paralysis; and raised the dead by Divine Power. They call themselves the "Church of Christ, Science." Christ never used science in healing. They claim 2,000,000 followers; but numbers count for nothing. The city of Jeffersonville, Ind., has over 4,000 church members who are protestant, and about 1,000 Catholics; and there are less than one dozen Christian Scientists. The same proportion will hold good all over the United States.

In the Bible, leprosy, plagues and palsies, are frequently mentioned, and cured. In the first chapter of Samuel, it reads: "But the hand of the Lord was hard upon them of Ashdod; and he smote them with emoroids, even Ashdod, and the coast thereof." And further it says: "And it was so, that after they had carried it about, the hand of the Lord was against the city, with a very great destruction; and he smote the men of the city, both small and great, and they had emoroids in their secret parts." To be sure, if they had had C. S. healers then, such a destruction would have been averted—in fact, would not have been!

St. Paul recommended wine to Timothy, for his stomach's sake, and for his oft infirmities. He prescribed it, knowing that Timothy was a frail young man and needed it to sustain him. In a sense, it was a remedy.

No matter what conceits one may have, what false beliefs, suffering is inseparable from illness. "In sorrow shalt thou bring forth children." Child-birth, unaided, is agonizing, although these Christian Scientists deny there is such a thing as pain!

Every one of the God-serving apostles met horrible and painful deaths. St. Paul beheaded; St. Peter crucified; St. John banished and finally immersed in boiling oil; Timothy, beaten to death; St. Mark, dragged to death, etc., etc. If such godly men suffered agonies, why not agony today? Christ suffered persecutions, cruelties, and the agonies of the cross. St. Andrew was lashed to a wooden cross, and left to die of starvation and exhaustion.

If such men were not exempt from pain, how shall we escape? Christ cured a young man who was an epileptic; restored a sound mind to a lunatic; cast seven devils out of Mary Magdalene; a widow's only son was being taken to a burial place, when Christ stopped the procession of mourners and restored the young man to life. Christ rebuked his disciples, because they couldn't heal! If they could not, how can a C. S. healer do so?

"And Satan said, 'Let me lay my hand on him, and he will curse you to your face.' God said 'He is in thy hands, but do not destroy him.' Job was afflicted 'with sore boils, from the soles of his feet, even unto the crown of his head,' and his wife told him to 'curse God, and die.' He replied, 'Shall I receive good from God, and not evil?' 'You talk as the foolish women do.' **What evil? Affliction and bodily suffering!** Did he imagine he suffered?

Men have been known to commit suicide to escape the tortures of cancer. A citizen of Madison, Indiana, killed himself to escape the loathsomeness and tortures of a disfiguring facial cancer!

There is no state of mind that can separate physical pain from painful ills!

D. L. F.

EDITORIAL NEWS ITEMS

Governor Stuart of Richmond, Va., on May 13th appointed Dr. J. H. Ayers of Accomac to the State Board of Medical Examiners, to succeed Dr. J. H. Barney of Fredericksburg who has recently resigned. The appointment is until April 1st, 1918.

Dr. Chas. Roberson, Greensboro, N. C., announces his retirement from general against spring hay fever and an anpractice and his intention to devote himself exclusively to the practice of Obstetrics and Paediatrics after May 1, 1917.

The Medical College of Virginia, Richmond, announce the following changes in the faculty: Dr. Hugh L. Taylor, becomes Emeritus Professor and is succeeded as Professor of Clinical Surgery by Dr. W. Lowndes Pepple; Dr. S. B. Moon becomes Professor of Pathology, and Dr. E. L. C. Miller, Professor of Bacteriology.

At the age of 80 Dr. George S. Walker of Staunton, Va., died at his home March 13, 1917. Serving first in the Virginia cavalry, after the battle of Manassa Dr. Walker became surgeon in the 21st N. C. Infantry. He was an elder in the Presbyterian Church, a member of Stonewall Jackson Camp C. V. and a man highly respected for both personal and professional worth.

The semi-annual meeting of the Seventh District South Carolina Medical Association was held in Sumter, S. C., March 24. Some excellent papers with helpful discussions were had. Dr. Wm. Weston, Columbia, was elected President; and Dr. Walter Cheyne, Sumter, Secretary. The next session will be held with the Williamsburg County Association, September, 1917.

Dr. E. C. Levy, Richmond's live health officer, has with the approval of the city health board redistricted the city and reduced the city physicians from seven to six, but wisely increasing the salary of each one-sixth, thus making the expense to the city the same, but raising the salary of the city physicians each one-sixth of the sum formerly paid each of the city physicians, \$900.00 per annum.

The Southeastern Sanitary Association will convene in Greenville, S. C., May 9,

under the Presidency of Dr. W. S. Rankin, and Dr. Clarence Smith, Secretary. An excellent program is scheduled including papers by Drs. W. S. Rankin, L. B. McBrayer, Jas. A. Hayne, J. H. Epperson, M. M. McCord and S. J. Taylor. Dr. Oscar Dowling has been invited, and the Florida state health car is expected to be brought by the health officer of Florida to the session.

The Consolidated Boards of Directors of the North Carolina State Hospitals for the Insane provided for at the recent session of the North Carolina Legislature visited the State Hospital for colored at Goldsboro the first week in April, and after a very careful study of the institution and its management, placed the seal of their unanimous approval on its efficient superintendent, Dr. W. W. Faison, by his re-election for a term of six years.

Medical Defense Committee Organized.—At a called meeting of the Nansemond County Medical Society on the 12th of May, in Norfolk, Va., in the City Circuit Court room, an auxiliary medical Defense Committee was organized. Dr. R. H. Pretlow was made chairman of the committee, and his associates were as follows: Dr. J. E. Phillips, Dr. J. M. Gibson, Dr. Josiah Leake, Dr. A. T. Sheffield, with Captain Otis S. Smith.

A great many visiting physicians were present, and some of them participated in the discussions.

The Augusta County Medical Society of Virginia on the 16th of May at a meeting arranged to care for the practises of physicians called to the front, during their absence. At that meeting a report of the committee that had been appointed a month previous was read and resolutions were passed providing that needs of the government will be cared for by the society, and also that the doctors who care for the families of the absent physicians, turn over to the families of the absent physician a certain percentage of the fees collected.

Auxiliary Medical Defense Reserve Corps is Explained.—A meeting of the Lynchburg, Va., and Campbell County Medical Society was held last night in the Clark building, Dr. C. E. Busey presiding.

Dr. George Thompkins, who has just returned from Richmond, where he went in regard to the Lynchburg and Campbell County Auxiliary Medical Defense Reserve Corps, explained in detail of for-

mation and what was expected of the physicians of Lynchburg.

There were about twenty members of the society present at the meeting.

A conference of leading physicians of North Carolina was held on the call of the Chairman of the Committee, Dr. J. W. Long, at Greensboro, N. C., March 24 to initiate a movement for the extending of the membership of the Officers' Reserve Corps, Medical Section, through the various counties of the state, and as well to enlist the co-operation of all the state's medical men in bettering preparedness conditions throughout the state during the war that a later call for their mobilization may find them ready and willing to perform their full duties as medical men and citizens.

At the sixty-ninth annual session of the South Carolina Medical Association held in Spartanburg, S. C., April 17-19, 1917, the following officers were elected for the ensuing term:

President—Dr. F. H. McLeod, Florence.

First Vice-President—Dr. K. M. Lynch, Charleston.

Second Vice-President—Dr. Rosa L. Gantt, Spartanburg.

Third Vice-President—Dr. P. G. Ellison, Newbury.

Secretary-Treasurer—Dr. E. A. Hines, Seneca.

Aiken was selected for the 1918 session and the third Tuesday of April, 1918, the time.

At a session of the Board of Directors of the South Carolina Medical College held during the time of State Medical Association meeting in Spartanburg, it was voted to continue the regular courses of instruction in the college during the summer months, and to graduate the classes at an earlier period in order to help provide surgeons for the army. It is reported the Medical College of Virginia will also continue the regular courses of instruction during the summer months and provide too for earlier graduation of its students, reviving a custom of the college during the war between the states during which the college kept continuously open, affording during the war period, instruction for many hundred of students.

Dr. W. W. Wilkinson, formerly of South Boston, Va., died at Catawba Sanitarium, Va., in his 40th year. For several years prior to his death Dr. Wilkinson enjoyed a lucrative Washington, D.

C., practice, but failing in health some months since, gave up work and endeavored to regain his lost health, but without success. A gracious kindly man, he won many friends who will grieve at his passing.

The 20th annual meeting of the medical officers of the Army and Navy of the Confederate States will be held in the New Willard Hotel, Washington, D. C., headquarters of the United Confederate Veterans, Washington, D. C., June 4-8, 1917. All surgeons, assistant surgeon, or acting assistant surgeons, and chaplains of the Confederate Army or Navy, as well as those serving the Confederacy who later became physicians in good standing, with all regular practitioners of medicine whose fathers or grandfathers served in the Confederate Army or Navy are eligible to full membership and cordially invited to attend and participate.

In Norfolk, Va., a great many physicians and surgeons stand ready to do their part in whatever way and whenever they might make their services the most valuable. These were the sentiments expressed at a meeting held in Norfolk recently at the regular monthly meeting of the Norfolk Medical Society.

Eighteen Norfolk doctors have already been accepted for service in the medical reserve corps. The others declared as a whole that their time and their work would be always at the disposal of the government. If unfitted for service at the front, they are ready at any time to serve at the navy yard, Fortress Monroe, the marine barracks, training station or other reservation that might be used for the care of wounded warriors.

Only Drs. Israel Brown, W. T. Smith, Robert S. Spilman and Thomas Williamson have yet been called into active service. Drs. Brown and Williamson are on duty with the Fourth Virginia infantry. Drs. Smith and Spilman are under orders to report for federal service with the reserve corps. The other members of the reserves are expecting to be called out before many more days have passed.

Program of the Medical College of Virginia.—Saturday, June 2, 8 p. m.—College night—Entertainment by students of Medical College of Virginia, John Marshall High school auditorium.

Sunday, June 3, 8.15 p. m.—Baccalaureate sermon, Rev. Fred R. Chenault, Broad Street Methodist Church.

Monday, June 4, 3 p. m.—Meeting of the board of visitors, college building, Twelfth and Clay streets; 8.30 p. m.,

meeting of Alumni Society, old college building, Fourteenth and Marshall streets; address by president of the society, Achilles L. Tynes, M. D., Staunton, Va.; annual business session of alumni; 10 p. m., smoker and buffet luncheon, new building, Twelfth and Clay streets.

Tuesday, June 5, 10 a. m.—Meeting of Alumni Society, new building, Twelfth and Clay streets; symposium, "The War as It Affects Physicians, Dentists and Pharmacists," 8.30 p. m., commencement exercises at city auditorium; public cordially invited; admission without ticket; invocation, Rev. G. Freeland Peter; report of year's work, Stuart McGuire, M. D., dean; address to graduating classes, Rev. E. N. Calisch; conferring degrees, graduates Medical College of Virginia, Stuart McGuire, M. D., dean; conferring degrees, graduates North Carolina Medical College, J. P. Munroe, M. D., of Charlotte, N. C., announcement of hospital appointments; benediction.

The Greenville, S. C., Hospital and its affairs continue the subject of much interesting comment in the daily press. A fine old city of the South redolent with the atmosphere of our best traditions, and peopled with the superior types the state possesses, with a profusion equal to the best, the hospital situation existent for some time past does not reflect the best in the life of either profession or laity. It is earnestly hoped movements on foot at this writing will result in harmonizing the differences, bringing order from chaos, and placing the conduct of the excellent institution in competent hands who will operate it with the minimum of the frequent suggestions of discord of which so much has been written and hinted at in the daily papers for months past.

Dr. J. A. Hayne, Secretary South Carolina State Board of Health, discussed the sanitation of Charleston, S. C., at a recent public health meeting in that city following the sanitary report on local health conditions by Dr. Geo. F. Mood, and strongly advised the raising of the city's health expenditure from 29 to at least 50 cents per capita and the taking of other immediate steps to better improve sanitary conditions which the Secretary contended gave the city an abnormally large death rate from typhoid and malarial fevers as well as from tuberculosis.

At the recent Commencement of the South Carolina Medical College held in Charleston, the following young men received the degree of Doctor of Medicine:

Graduates in medicine are as follows:

Edward David Andrews, Oswego; Leon Banov, Charleston; Charles Diedrick Boette, Charleston; James Edward Boone, Jr., Rowesville; Arthur David Burnett, Greenwood; S. B. Byington, Charlestown, W. Va.; James Edgar Douglass, Winnsboro; Louis Elwood Fitzsimons, Savannah; William Horlbeck Frampton, Charleston; Parsons Manual Garcia, Tampa; Joseph Declurd Guess, Spartanburg; James Brockington Latimer, Lowndesville; Carroll Alexander Pinner, Arden, N. C.; Joseph A. Richardson, New York City; Francis Winkler Ryan, Ridgeland; Michael Abdallah Saleeby, Elizabeth City, N. C.; John Claude Sease, Little Mountain; Melvin Shell Taylor, Heath Springs; Everett Blakely Taylor, Due West; Guy Benjamin Taylor, Gilbert; Pressley Spurgeon Thomas, Rome; Paden Eskew Woodruff, Woodruff; Belton James Workman, Woodruff; Walter Robert Wynn, Columbia; completed work in April to enter naval service.

Graduates in Pharmacy—Joseph Larry Griffin, Lynchburg; John Mayo Jernigan, Conway; Marion Sims Judy, St. George; George Eaddy McDuffie, Eufonia; Clarence Oakum, Jr., Spartanburg; Howard Owens Speed, Abbeville.

Honor Men in Pharmacy—Howard Owens Speed, Abbeville; John Mayo Jernigan, Conway.

Dr. John E. White was the orator of the occasion.

The annual report of Dr. C. M. Green, city health officer for Charleston, S. C., has recently been made for the year 1916, and is instructive, particularly in exhibiting that Dr. Green has an excellent grasp of the things he so badly needs to bring the health department of this classic city up to modern sanitary standards. Many people will read with surprise that many streets are yet unsewered in this fine old Southern city, and old-time privies continue to exist and menace the health of the community. Nearly 200 cases of typhoid fever developed during the year. Dr. Green in his excellent report presents a number of recommendations both as to means and measures which appear to be in line with what modern cities regard as absolutely necessary equipments for the correct sanitation of the city of today. Men and women of the fair South love the old hospitable city of Charleston and recall with pride its glories of past generations when it (larger than the then city of New York), was one of the first of American

cities, and all will rejoice in the spirit that is finding for it a part and parcel of the developments of modern scientific sanitation, hoping it may soon wipe out the unneeded disgrace of not possessing a thoroughly up-to-date health department with ample funds to perform the duties its zealous head sees lying before him.

A City Manager Promotes Ethical Medicine.—The city manager of Portsmouth, Va., whether he knows it or not, is an advance agent for ethical medicine. Feeling the cost to the city of prescriptions furnished indigents was possibly excessive, he has recently requested that all physicians writing prescriptions for indigents which are expected to be filled at the expense of the city, will confine the ingredients of all such prescriptions to remedies and drugs enumerated in the U. S. Pharmacopœia and the National Formulary. If such a regulation could be brought into the life and practice of every physician, the early doom of the proprietaries would be sealed. But we are making substantial progress all of the time, and it will eventually become a positive reproach for a reputable practitioner of the healing art to affix his name to any prescription, or order, for any drug not found in the above mentioned authorities.

In the meantime, it is well for physicians to be reminded of the fact that the new editions of the U. S. Pharmacopœia and the National Formulary are out, having just undergone most careful revision, and available to every medical man who wishes to keep fully conversant with the drugs that are recognized as authoritative by the Federal Government and the various States of the Union as well as foreign countries having occasion to take cognizance of drugs in use in America. That few physicians ever even own a copy of the U. S. Pharmacopœia is a regrettable fact as a copy of this excellent and recognized national and international authority on drugs in the hands of every physician, supplemented with a copy of the revised National Formulary, would in our judgment, prove a most admirable antidote to the allurements of the "literature" sent out with the samples from the proprietary manufacturing houses and the subtle influence left behind in almost every doctor's office after the visit of the voluble and versatile representative of the mammoth drug plant which is said to be "strictly ethical" and "would not manufacture a preparation opposed by the regular medical profes-

sion."

More than the usual degree of concern was manifested in the last pharmacopœal revision by Carolina physicians, and it is hoped this excellent volume will find its way into more professional libraries than has been its wont heretofore.

BOOK NOTICES.

Operative Surgery of the Nose, Throat and Ear, for Laryngologists, Rhinologists, Otolologists and Surgeons, by Hanau W. Loeb, A. M., M. D., Professor of Ear, Nose and Throat Diseases in St. Louis University, in Collaboration with Joseph C. Beck, M. D., George W. Crile, M. D., William H. Haskin, M. D., Robert Levy, M. D., Harris P. Mosher, M. D., George L. Richards, M. D., George E. Shambaugh, M. D., and George B. Wood, M. D., in Two Volumes. Volume Two. Four Hundred and Seventy-six Illustrations. C. V. Mosby Co., St. Louis, Missouri, 1917.

I suppose this work is the best on this subject now published in the English language—at any rate it is my belief that it is. The illustrations 476 in number are very fine indeed. They completely illustrate the text. The work upon these illustrations is the best and executed by experts. It is in two large volumes. This is Volume Two. We have not had an opportunity to examine Volume One. Volume 2 has 427 pages. The book is one of very great value, an attractive volume and a beautiful work in every way. The index is complete and appropriate. The paper is white and heavy. The contributors to the work who are mentioned above in title page, are well known all over the country, and really internationally; it certainly gives me a great deal of pleasure to recommend the work.

Diseases of the Stomach, Intestines and Pancreas. By Robert Coleman Kemp, M. D., Professor of Gastro-Intestinal Eye, Ear, Nose and Throat, a Manual for Diseases at the Fordham University Medical School. Third Edition Revised and Enlarged. Octavo of 1096 Pages, with 438 Illustrations. Philadelphia and London; W. B. Saunders Co., 1917. Cloth \$7.00, net; Half Morocco, \$8.50 net.

In view of the great value of the x-rays as an aid to diagnosis in the gastro-intestinal tract, a special section has been devoted in this new edition to the radiogra-

phy of gastric ulcer, gastric cancer, duodenal ulcer and gall bladder disease and in addition there are a large number of radiographs of other conditions. Many of these are from cases of the author, for whom some excellent radiography has been performed by Dr. Sinclair Tousey. The author expresses his indebtedness to Dr. Lewis Gregory Cole for his description of the motility of the normal stomach and of the diodenal cap. There is a chapter on Lane's kinks, Jacksons membrane, diodenal dilatation and ileo-cecal valve incompetency. He states that although Lane's investigations are of great value, and in some cases, release of the kinks by severance or separation of the adhesions may be of benefit, the writer states he is conservative and hardly feels the radical operation of resection of the large intestine as advocated by Lane to be a justifiable procedure except under rare conditions.

In view of the promiscuous and improper use of the term auto-intoxication, the author has inserted a brief section on "Subinfection" and "Protein Absorption" and has enlarged his work on chronic intestinal putrefaction.

This adds a great deal to the value of the book. Some of the best known writers in the world have aided Dr. Kemp in bringing out and revising this third edition and the X-Ray department is especially of great value, and the work is very complete in this respect. The author believes that cases of ulcer of the stomach should be treated by surgical operation, or "resection" of the diseased portion. In a work of this kind it is not always the custom to include typhoid fever but this adds a great deal to the value of the book.

The volume contains 1096 pages, and as usual Saunders and Co., have produced a very attractive and valuable volume. It is one of the most valuable books that has come to this office for review for some time.

Diseases of Children, a Manual for Students and Practitioners, by George M. Tuttle, M. D., Clinical Professor of Pediatrics, Washington University Medical School, Consulting Physician St. Louis Children's Hospital; Attending Physician St. Luke's Hospital, and Phelps G. Hurford, M. D., Pediatrician St. Louis Lutheran Hospital; Assistant in Pediatrics, Washington University Medical School; Physician to Out-Patients, Pediatric Clinic of Washington University, Associate Physician St. Louis Hospital for Infec-

tious Diseases. Third Edition Thoroughly Revised and Enlarged. Illustrated with 47 Engravings and 3 Plates. Lea and Febiger, Philadelphia and New York, 1917. Price \$2.50.

Doctors Tuttle and Hurford have written a well balanced text-book, third edition, dealing with the subject of children's diseases, and the work is full of honest and accurate information. They have made many improvements on the first and second editions which have made it popular and it has had a great sale. All the important literature that has appeared during the past ten years on this subject has been carefully reviewed, and the improvements have been recorded in this volume. The work certainly merits the confidence of the medical profession. It has not very many illustrations; the illustrations of adenoids we find very interesting and useful. There is nothing more important in the development of childhood than to see that there exist no obstructions in the respiratory tract; it will soon cripple the child's development in many ways. If it is a case of a "mouth-breather" it should at once be referred to a nose and throat specialist. To look over the illustrations of the book, and compare No. 47 with 36 will give a physician a certain amount of information. These illustrations are appropriate and well produced. The book contains 599 pages. The volume is neat and attractive. The price is \$2.50.

Students and Practitioners, by Howard Charles Ballenger, M. D., Professor of Oto-Laryngology in the Chicago Eye, Ear, Nose and Throat College; Formerly Instructor in Otology, Rhinology and larynology in the University of Illinois School of Medicine and Attending Oto-Laryngologist to the West-side Free Dispensary, Chicago, Oto-Laryngologist to the Chicago Graduate School of Medicine, Etc., and by A. G. Wipern, M. D., Attending Oculist and Aurist to St. Elizabeth's Hospital, Chicago, Formerly Professor of Ophthalmology and Otology, Chicago Eye, Ear, Nose and Throat College; Formerly Assistant Surgeon to the Illinois Charitable Eye and Ear Infirmary, etc. New Second Edition Thoroughly Revised, with 180 Engravings and 8 Colored Plates. Lea and Febiger, Philadelphia and New York, 1917. Price \$3.50.

The constant demand for a book that presents briefly, clearly and reliably affections of the eye, ear, nose and throat has stimulated the authors to rewrite al-

most every chapter of this volume.

Drs. Ballenger and Wipperf are well equipped from learning and experience to write a book of this kind; they have contributed something of great value to the medical profession, especially to those who have devoted their entire time to this special line of work. The book contains 524 pages; it is a handsome volume, and the illustrations are particularly valuable, adding a great deal to the value and use of the book. We recommend it.

Recollections of an Alienist: Personal and Professional. By Allen McLane Hamilton, M. D., L. L. D., F. R. S. Cloth. With Original Illustrations, Photographs and Facsimilies. New York; George H. Doran Company. 1916.

This is a very attractive and handsome volume, and the author coming of a distinguished family and being thrown with such noted personages as Washington Irving, Abraham Lincoln, Louis Agassiz, etc., distinguished and interesting men at home and abroad, makes the work especially interesting.

Also we regard the original illustrations by the author and photographs throughout the book, very interesting and calculated to hold the attention throughout the entire 400 pages.

The chapters in the latter part of the work are of especial interest to the medical profession; and the lay reader will find on each page much of interest.

As food for thought will be found the chapters in which the author gives us the alienists view of the cases of Booth, Guiteau, Presidents Lincoln, Garfield, and McKinley.

As I have said above, it is a book that will find a place in the libraries of well informed and thoughtful men as well as every physician, who cannot fail to find it both interesting and instructive.

Price of the book is \$3.50 and it has 416 illustrations, and we regard it as well worth the price asked.

Cancer, its Cause and Treatment, by L. Duncan Bulkley, A. M., M. D., Senior Physician to the New York Skin and Cancer Hospital, Paul B. Hoeber, New York, 1917.

Dr. Bulkley is of course well and favorably known all over this country—really internationally known; he has been the Senior physician to the New York Skin and Cancer Hospital for many years. The book would be of more value if it was illustrated, but in every respect the book

is up-to-date, and one of considerable value. It is not an expensive book, costing only \$1.50. Has 283 pages and is well written and well printed. Anyone interested in the cancer problem, would be interested in this book. We commend it to the favorable consideration of the medical profession.

The Microscope, an Introduction to Microscopic Methods and to Histology. By Simon Henry Gage, Professor of Histology and Embryology, Emeritus in Cornell University. Twelfth Edition. Rewritten and Illustrated by Over 250 Text Figures. The Comstock Publishing Company, 1917. Price \$3.00.

This is a good book, and anyone interested in a microscope should add it to his library. It is well written by Dr. Gage, Professor of Histology and Embryology, emeritus in Cornell University. The price of the book is only \$3.00. It has 250 illustrations. I know of no one more capable of writing for the profession such a book of this kind, than Dr. Gage. He has practically incorporated in the book all the progress that has been made on this subject during the last ten years. The book contains with the index 469 pages. It is a good text-book on the subject.

Mosquito Control in Panama. The Eradication of Malaria and Yellow Fever in Cuba and Panama, by Joseph A. LePrince, C. E., A. M., Chief Sanitary Inspector, Isthmian Canal Commission, 1904-1914, and A. J. Orenstein, M. D., Assistant Chief Sanitary Inspector, Isthmian Canal Commission, With an Introduction by L. O. Howard, L. L. D., Entomologist and Chief, Bureau of Entomology United States Department of Agriculture. With 100 Illustrations. G. P. Putnam's Sons, New York and London. The Knickerbocker Press, 1916.

Of course it is no effort for us, or no tax on us to recommend this book that Dr. LePrince and his associates, Drs. Orenstein and Howard, write.

Had not General Gorgas and his associates succeeded in vanquishing the sanitary difficulties of the Panama Canal Zone it is unlikely that the wonderful engineering feat there accomplished by General Goethals could have been brought to a successful fulfillment. "The brilliant results of the work of General Gorgas and his assistants," writes L. O. Howard, in his introduction to the volume, "are now known over the whole civ-

ilized globe. It has been an object lesson for the sanitarians of the world, and has demonstrated the vitally important fact that it is possible for the white race to live healthfully in the 'Tropics.'

"And now, the whole world wants to know how they did it. Every detail becomes of the greatest interest, and, in consequence, what Mr. LePrince has written here will be not only of great importance as a guide to future work of the same character, especially in the Tropics, but also in permanent historic value."

The fact that the publishers of this work were willing to publish it, is a better recommendation than the reviewer can give it, every sentence, every paragraph, every chapter and every illustration in it is instructive and interesting. The price of the book is only \$2.50, it is not a large volume, only 335 pages including the index. The illustrations include many beautiful views of the Panama Canal, or in malaria, or in the education of the citizens of that country, but certainly I would advise everyone who is interested in this subject to buy it—not especially for a text-book, but every physician who is at all interested in a medium amount of medical intelligence on this subject which is of such vital importance to every physician of today, ought to have it in his library and refer to it frequently, and study it a great deal. If you will let me, I will again ask you to call at my library and examine the book.

Miscellaneous.

The Growth of Bacillus Coli in Urine at Varying Hydrogen Ion Concentrations.

(By A. T. Shohl and J. H. Janney. From the James Buchanan Brady Urological Institute, Johns Hopkins Hospital, Baltimore, Md.)

Previous experimental work has shown that the growth of bacteria is inhibited if the acidity of the medium reaches a certain point. The authors determine the range of hydrogen ion concentration (P H) at which B coli will grow in urine, with the idea that regulation of the reaction of the urine may be practicable as a therapeutic measure in pyelitis. They show that B. coli is inhibited at P H 4.6 to 5.0 on the acid side, 9.2 to 9.6 on the alkaline side. The typhoid bacillus has narrower limits. Practical application of these points is reserved for a future publication.

The Wider Use of the Bromides.

The great utility of the bromides when intelligently used, is not half appreciated by the average practitioner. To be sure, medical men do employ the bromides for many conditions, but to nowhere near the extent that they could. It is a mistaken idea that bromides are serviceable only for the treatment of nervous diseases. It is true, their effects may be accomplished primarily by their action on the nervous system, but when we stop to think of the essential part played by nervous factors in the maintenance of vaso-motor equilibrium, secretory activity, nutrition and so on, the service that the bromides can be called on to render in a wide variety of abnormal conditions can readily be seen.

Obviously, too great care cannot be exercised in selecting the bromide salts to be used, particularly in respect to their purity and quality. Probably one of the main reasons why the bromides have not been more generally employed is the indifferent quality and impurities which have characterized so large a portion of the available bromide preparations.

Those who have used Peacock's Bromides, however, have been able to enjoy the full advantages of this class of drugs. Made from the purest and highest grade of salts, and combined with every care and skill, Peacock's Bromides have assured the highest therapeutic efficiency with gratifying freedom from all objectionable or unpleasant effect. As a consequence, the range of use of this reliable bromide preparation has been surprising, even to those familiar with the possibilities of bromide treatment. Many affections characterized by congestion, or having their origin in nervous irritation and the resulting spasmodic conditions, have responded to Peacock's Bromides when other measures have proven useless. So with spasmodic disorders of the intestines; many conditions that have seemed organic in character and doomed to operation, have been promptly corrected by liberal doses of Peacock's Bromides.

Many other instances showing the utility of this remedy could be cited, but lack of space forbids. Suffice it to say that there is hardly any remedy at the physician's command with a broader field of usefulness. To be able to use Peacock's Bromides in adequate dosage and for requisite periods of time, with complete absence of deleterious effect has undoubtedly been more or less responsible for the foregoing, but the fundamental fact is that the bromides in the form of Peacock's Bromides have a much more extensive field of successful application than is realized.

Equal to Any European Spa.

The European war has made it impossible for Americans to go abroad for hydro-therapeutic treatment. In consequence, the spas of this country will be patronized hereafter more than they have been before, and Americans will be delighted to learn that they can receive the same kind of treatment in this country as they have been used to getting in France, Germany and Austria.

One of the best known spas in America is the French Lick Springs, where the water possesses virtues equal to those of the great Continental spas. In addition to the excellence of the medical attendance, the sojourner at French Lick is certain of delightful hotel surroundings and most pleasant environments. French Lick, in addition to its other attractions, is the home of Pluto Water, where the most improved apparatus is used throughout the bottling plant and every known sanitary precaution has been taken to insure the purity of this famous water.

Pluto Water, well diluted in hot water, acts almost as a true specific in auto-intoxication. It is also admirable in the treatment of uric acid diathesis, and other therapeutically troublesome stages of chronic rheumatism. Samples, clinical data analysis and literature descriptive of the hygienic methods employed in bottling Pluto will be promptly forwarded on application to The French Lick Springs Hotel Company, French Lick, Indiana.

Base Hospital Offered Red Cross as Memorial.

Eli Lilly & Company of Indianapolis has offered the local chapter of the American Red Cross, \$25,000, in event of this country being drawn into war, to establish a base hospital of 500 beds, surgical and medical equipment, and tentage.

The offer was made as a memorial to Colonel Eli Lilly whose splendid service as a soldier and a citizen is worthy of the highest honor that can be accorded him.

The equipment of this base hospital will include every kind of supplies from surgical instruments to bandages and clothing for patients. It is the intention of the local society to form a staff to operate the Colonel Lilly Memorial Hospital, which will be made up of twenty-three medical officers, two dentists, a chaplain, fifty nurses, twenty-five nurses' aids, fifty men for administrative duties, and ten civilians for general assignments. In event of war the unit staff will be available to move forward with the equip-

ment of the hospital. Steps have already been taken to organize classes of men and women for training in first aid. The entire equipment and staff will be under the command of the Red Cross.

The First U. S. P. Liquor Hypophysis—Abbott's.

The Pituitary Solution made by The Abbott Laboratories of Chicago was placed on the market only three or four months ago, and since then the volume of sales has doubled practically every month. While there are other excellent preparations of this kind, it is certain that their preparation is equal to the very best—and better than most. It is made from the fresh glands, obtained from the stockyards right here in Chicago, and worked while they are fresh. Thus, the Abbott Laboratories have the largest and best supply of raw material in the world to select from.

The utmost care is taken in the manufacture and testing of this preparation, which is standardized according to the method introduced by Roth, of the United States Hygienic Laboratory. The official tests are supplemented by all other available tests, so as to remove any possibility of sending out a weak, inferior or unreliable solution.

Pituitary Solution (Abbott) may also be ordered as Liquor Hypophysis U. S. P. It conforms to all the requirements of the new United States Pharmacopeia which went into effect on January 1 last, and in which this product (Liquor Hypophysis) became official for the first time. Indeed, Liquor Hypophysis (Abbott) is, we believe, the first and only official preparation of this class. The product is a standard one, and The Abbott Laboratories stand behind it with their guaranty. There is no better made.

If you dispense, include a supply with your next order; if you prescribe ask your druggist to stock and supply Abbott's. If he is not stocked, your order will be filled by The Abbott Laboratories, Chicago, Illinois.

"Elixir Saloform Comp., Flexner."

Contains 20 per cent. Alcohol. An efficient remedy for Rheumatism, Gout, Cystitis and Uric Acid Solvent. Prepared for physicians' prescriptions only. Robinson-Pettet Co., incorporated. (See page iv this issue.)

We are pleased to announce to the Medical
Profession the introduction of a

SMALL SIZE (6 oz.)

Gray's Glycerine Tonic Comp.

(FORMULA DR. JOHN P. GRAY.)

The most important reasons for this new departure are briefly:

1. A convenient size for Rx.
2. To meet the conditions occasioned
by the "high cost of living."
3. To insure proper filling of your
prescriptions, and as a guard against
Substitution.

The regular 16 oz. size will be continued as heretofore.
We trust this innovation will be as cordially received by
Physicians as has the 16 oz. size for the past 25 years.

THE PURDUE FREDERICK COMPANY,

135 CHRISTOPHER STREET, N. Y. CITY.

Chafing, Sunburn, Prickly Heat

—and similar afflictions—
are promptly relieved by

K-Y Lubricating Jelly.

Applied liberally to
irritated or inflamed
areas, the pronounced
cooling and soothing
action of this effective
local remedy is at once
manifest.



Water-soluble; non-greasy; "smells nice".

Collapsible tubes at Druggists.

Samples and literature to physicians only.

K-Y Lubricating Jelly

"Stops the itch
without greasing the linen."

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"Sick Headache"

—and other headaches—

are usually relieved more or less
promptly as you remove their
cause. In the meantime—

K-Y ANALGESIC

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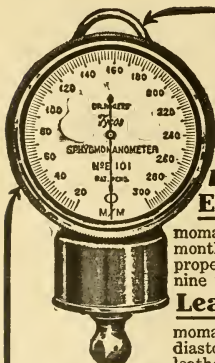
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VOLUME 75
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Charlotte, N. C., February, 1917.

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gano-therapeutic products*

Doctors Should Specify

In a paper on Corpus Luteum in the New York Medical Journal, Dr. Sajous states:

"The two most important prerequisites to success in the use of the drug appear to be:

"1. The selection of a preparation made exclusively from the corpora lutea of pregnant animals, and

"2. Due attention to the fact that the action of the drug is frequently slow in asserting itself and that the drug should be given up only when thorough trial has demonstrated its lack of efficiency."

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Parathyroids—
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VOLUME 75
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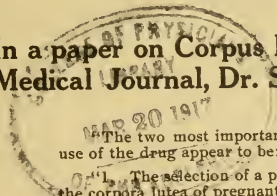
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Parathyroids—
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Pituitary, Posterior
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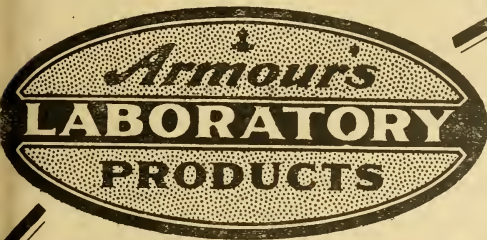
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Charlotte, N. C., May, 1917.

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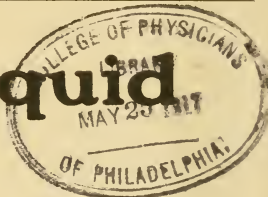
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Charlotte, N. C., June, 1917.

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Channing W. Barrett, M. D. Pres.
Chicago, Ill.

SOUTHERN SURGICAL and GYNECOLOGICAL ASSOCIATION

Annual Meeting at St. Augustine,
Fla., 1917.

_____, Secretary.

William D. Haggard, M. D., Pres.,
Nashville, Tenn.

SOUTHERN MEDICAL ASSOCIATION.

Annual Meeting at Memphis, Tenn.

November 12-15 1917

Seale Harris, M. D., Sec.,
Birmingham, Ala.

Duncan Eve. Sr. M. D. Pres.
Nashville, Tenn.

TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA.

Annual Meeting at Spartanburg, S.C.
February, 1918.

Dr. David T. Tayloe, Pres.,
Washington, N. C.

Rolfe E. Hughes, M. D., Sec.,
Laurens, S. C.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

Annual Meeting at Montgomery, Ala.,
April, 1917.

H. G. Perry, M. D., Sec.,
Montgomery, Ala.

Henry Green, M. D., Pres.,
Dothan, Ala.

AMERICAN MEDICAL EDITORS, ASSOCIATION

Annual Meeting at New York, N. Y.,
June, 1917.

J. MacDonald, Jr., M. D., Sec.,
92 Williams St., New York.

G. M. Piersol, M. D., Pres.,
Phila., Pa.

FLORIDA MEDICAL ASSOCIATION.

Annual Meeting at Augusta, Ga.,
April 18-20, 1917.

W. C. Lyle, M. D., Sec.,
Augusta, Ga.

J. G. Dean, M. D., Pres.,
Dawson, Ga.

MEDICAL ASSOCIATION OF GEORGIA.

Annual Meeting at Augusta, Ga.,
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Dawson, Ga.

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Augusta, Ga.

KENTUCKY STATE MEDICAL ASSOCIATION

Annual Meeting at Ashland, Ky.,
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Arthur T. McCormack, M. D., Sec.,
Bowling Green, Ky.

Milton Board, M. D., Pres.,
Louisville, Ky.

LOUISIANA STATE MEDICAL SOCIETY.

Annual Meeting at Alexandria, La.,
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L. R. DuBuys, M. D., Sec.,

Maison Blanche Bldg., New Orleans, La.

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T. M. Dye, M. D., Pres.,
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Annual Meeting at Asheville, N. C.,
April 17, 1917.

Benj. K. Hays, M. D., Sec.,
Oxford, N. C.

Chas. O'H. Laughinghouse, M. D., Pres.,
Greenville, N. C.

STATE MEDICAL ASSOCIATION OF TEXAS.

Annual Meeting at Dallas, Texas,
May, 1917.

H. Taylor, M. D., Sec.,
Fort Worth, Texas.

J. M. Inge, M. D., Pres.,
Denton, Texas.

SOUTH CAROLINA MEDICAL ASSOCIATION.

Annual Meeting at Spartanburg, S. C.,
April 17-19, 1917.

Edgar A. Hines, M. D., Sec.,
Seneca, S. C.

C. B. Earle, M. D., Pres.
Greenville, S. C.

TENNESSEE STATE MEDICAL ASSOCIATION.

Annual Meeting at Nashville, Tenn.,
April, 1917.

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Independent Life Bldg., Nashville, Tenn.

C. N. Cowden, M. D., Pres.,
Nashville, Tenn.

MEDICAL SOCIETY OF VIRGINIA

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